



## 5.1 Ageing and aged care

Australia's older generation are generally classified as people aged 65 and over; that is, people born before 1952. They are commonly called the 'baby boomer generation' or 'baby boomers'. The expectations of baby boomers about the type of aged care they want, and their right to choose, are changing, with many preferring to remain in their home for longer (Productivity Commission 2011).

In 2017, there were an estimated 3.8 million older Australians (equivalent to 15% of the population), an increase from 2.2 million people (13% of the population) 10 years earlier (ABS 2013, 2014). Very old Australians (aged 85 and over) accounted for 2.0% of the population in 2017, with this proportion projected to increase to 4.4% by 2057 (ABS 2013). The increasing number of older people and the changing characteristics of the ageing population are associated with a range of issues. These include the implications for high-level aged care; a need for policies and services that respond to the needs of this population and support healthy, positive ageing; and the potential for social isolation and elder abuse.

### 1 in 4 older people live alone

In 2015, the vast majority (95%) of older people lived in households, with the remainder (5.2%) living in cared accommodation, such as residential aged care facilities (ABS 2016). More than one-quarter (27%) of older people living in households lived alone and this proportion is projected to remain about the same through to 2036 (ABS 2015). Women were more likely to live alone than men (35% compared with 18%).

Living alone is generally considered to be a risk factor for social isolation (see Box 5.1.1). However, data from the 2015 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers showed minimal differences overall in social participation between older people who lived alone and people who lived with others. One important sign of social and community participation is contact with family and friends. In 2015:

- 88% of older people who lived alone were visited at home by friends or family in the last 3 months, a slightly lower proportion than for people who lived with others (92%)
- older men who lived alone were less likely to have been visited by family or friends (83%) in the last 3 months than were older men who lived with others (91%); there was little difference between women who lived alone and women who lived with others (91% and 92%, respectively)
- the proportion of older people who went out to visit friends and family in the last 3 months differed little between older people who lived alone (84%) and older people who lived with others (86%).





## Box 5.1.1: Social isolation

Social isolation is seen as the objective state of having minimal contact with others; it differs from loneliness, which is a subjective state of negative feelings associated with having a lower level of contact than desired (Wenger et al. 1996). Some recent definitions embed the construct of loneliness within social isolation (Hawthorne 2006), but others argue they are conceptually distinct. Regardless, research has found that social isolation is associated with increased mortality (Steptoe et al. 2013), as well as with poorer health behaviours (smoking and physical inactivity) and biological effects (high blood pressure and inflammation) (Shanker et al. 2011).

Older people are at an increased risk of social isolation due to a number of environmental factors, primarily the loss of physical or mental capacity or the loss of friends and family members (WHO 2016). It is estimated that around 1 in 5 (19%) older Australians are socially isolated, with the highest rates occurring in the largest urban regions and in sparsely populated states and territories (Beer et al. 2016).

## Informal providers—the main form of support

Almost 40% of older people aged 65 and over needed assistance with at least one activity in 2015 (ABS 2016). The need for assistance increased with age, from 22% of people aged 65–69 to 89% of people aged 90 and over. Activities with the highest reported need for assistance included:

- personal activities (27%)—such as self-care, mobility, communication, cognitive or emotional tasks, and health care
- property maintenance (20%).

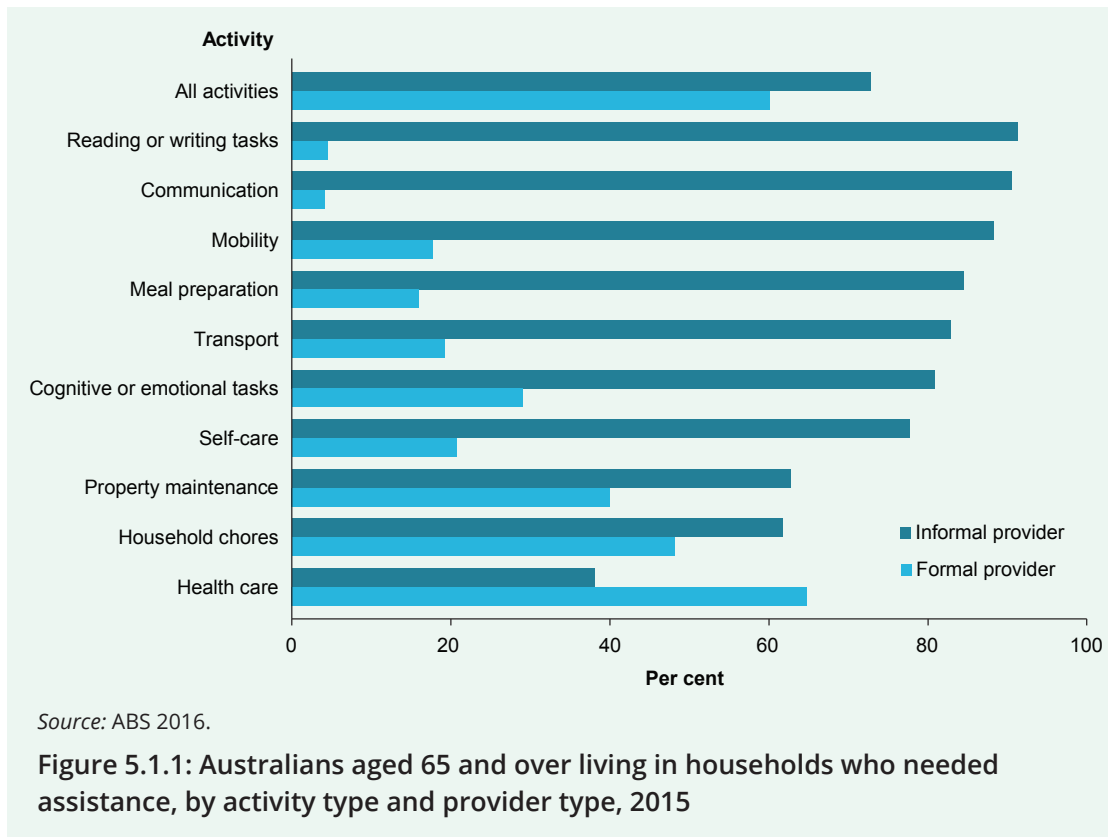
The most common types of personal activities for which older people needed assistance were:

- health care (23%)
- mobility (16%)
- self-care (12%).

Both formal and informal providers assist people who live in households. Informal providers are family, friends, neighbours or others who provide help but are not attached to an organisation. Formal providers provide regular paid help and work for an organisation. More than one type of provider may assist older people. Overall, in 2015, 73% of older people who needed assistance were helped by an informal provider, and 60% by a formal provider (ABS 2016). There were some notable differences between the type of activity for which assistance was needed and the provider type (Figure 5.1.1):

- informal providers predominately helped with communication and with reading or writing tasks (more than 90% for each activity)
- health care was the only activity where the majority of care was delivered by formal providers (65%)
- household chores had the most even split between support by informal and formal providers (62% and 48%, respectively).





Spouses and partners provided informal assistance to more than one-third (35%) of all older Australians needing assistance and close to half (48%) of older Australians who received support from an informal provider (ABS 2016). Children were the second most common informal providers for people who needed assistance (21% were daughters and 18% sons).

## How many people receive aged care services?

Aged care is currently provided to older people through three main programs:

- the Commonwealth Home Support Programme (CHSP)—provides entry-level support services (such as transport, assistance with food preparation and meals, and personal care) to help older people remain independent and in their homes and communities for longer
- the Home Care Packages Program—offers packages of services at four levels of care to enable people to live at home for as long as possible, with care needs (including clinical services) increasing incrementally for each level of care
- residential aged care—provides a range of care options and accommodation on a permanent or respite basis for older people who are unable to continue living independently in their own homes.

As well as the mainstream programs, flexible care programs provide care for special groups or circumstances in mixed settings. Transition Care is the largest of these, providing support for older people to return home after a hospitalisation.





The use of aged care services is often seen as a progression—from low-level or temporary care to high-level, permanent care; however, this is not necessarily the case. Some people may never use aged care services; if they do, their progression through the care system is not necessarily linear and they may enter at any level.

Aged care is increasingly being provided through community-based programs to support people to remain living at home for longer. In 2015–16, many more people used one of the community-based aged care programs than residential aged care (Table 5.1.1). Some people used more than one program during the year; for example, more than half (52%) of the people who used respite residential aged care during 2015–16 later entered permanent care (DoH 2016).

**Table 5.1.1: Number of people accessing aged care programs, by program type, 2015–16**

Aged care program	Persons
Commonwealth Home Support Program	640,000
Home and Community Care <sup>(a)</sup>	285,400
Home Care Packages Program	88,900
Residential aged care	
Permanent	235,000
Respite	56,900
Transition Care	24,700

(a) The CHSP was launched in July 2015, incorporating Home and Community Care Program (HACC) and a number of smaller programs. In 2015–16, Western Australia and Victoria had not yet transitioned to CHSP and, in these states, support services to assist people to continue living independently at home were provided under HACC.

Source: DoH 2016.

## Elder abuse

Older people who rely on others to help them with their needs may be susceptible to elder abuse. The World Health Organization (WHO) defines elder abuse as 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person' (WHO 2016). Elder abuse can have physical outcomes—death, psychological effects and an increased risk of hospitalisation or residential aged care admission.





The rates of elder abuse in high to middle income countries, as estimated by the WHO, range from 2.0% to 14%, with the most common form of abuse being financial (1.0% to 9.2%) (WHO 2015). Other forms of abuse include neglect, and physical, sexual and psychological abuse. Victims are more likely to be women, have a physical or mental disability, and be care dependent and socially isolated. Rates of abuse may be higher for older people living in institutions than in the community (WHO 2016).

Currently, little data are available on elder abuse in Australia (see 'What is missing from the picture?'). The ageing of the Australian population suggests that the potential for elder abuse may increase in coming years. This makes the need for reliable and nationally standardised data increasingly important in order to measure and monitor progress in this area.

## What is missing from the picture?

Individually, many data collections gather information on older Australians and how they use particular services, such as those offered through the aged care or health systems. However, the interactions between these systems are poorly captured—identifying individual people's movements between aged care and hospital, for example, requires data linkage. Such linkage has previously been carried out as part of the AIHW's Pathways in Aged Care (PIAC) work, and could be repeated. For general information on data linkage, see Chapter 1.7 'Understanding health and welfare data'.

Data on the use of aged care by Aboriginal and Torres Strait Islander people may be an underestimation of the true number using aged care programs as Indigenous status may not be accurately collected or people may choose not to identify as Indigenous. For information on the use of aged care services by Indigenous Australians, see Chapter 7.6 'Use of disability and aged care services by Indigenous Australians'.

Data on elder abuse in Australia—including its prevalence, the type of abuse, who carried out the abuse, and in what context or setting abuse may be more likely to occur—are currently not comprehensively collected or reported. Some data are collected in surveys (for example, the ABS Personal Safety Survey) and there is limited mandatory reporting of some forms of elder abuse in residential aged care (in relation to suspected, alleged or witnessed assaults). But there are no data collected for other aged care services (such as community-based aged care programs), and the extent of elder abuse that occurs at home is largely unknown.

An inquiry for the Australian Law Reform Commission (ALRC) on elder abuse was announced in early 2016, with the report [Elder Abuse—A National Legal Response](#) tabled in June 2017. The report includes 43 recommendations for law reform, with the aim to safeguard older people from abuse. As part of these, the ALRC recommends building the evidence base for elder abuse through a national prevalence study, including the development of standardised measures of elder abuse for consistent data collection (ALRC 2017).





## Where do I go for more information?

More information on how ageing affects a person's life and experiences is available in the most recent (2015) ABS Survey of Disability, Ageing and Carers.

For a more detailed analysis of the aged care sector and characteristics of people in aged care, visit the GEN website [gen-agedcaredata.gov.au](http://gen-agedcaredata.gov.au). Previous publications using PIAC, which links data from a number of aged care programs, are also available on this website.

More information on aged care services is available on the [My Aged Care](http://MyAgedCare) website.

The Australian Institute of Family Studies published the research report, [\*Elder abuse: Understanding issues, frameworks and responses\*](#), which provides insight into elder abuse in the Australian context.

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