REPORT SERIES ON THE GEN08 SURVEY

OLDER JEWISH AUSTRALIANS

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Gen08

MONASH University
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REPORT 3

Dina and Ron
Goldschlager Family

MONASH University
Australian Centre for Jewish Civilisation

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Executive summary

Knowledge is an expensive investment – ignorance is unaffordable.

When considering a report such as this, the natural inclination is to ask – so what? What does all this data really tell me about service provision over the next twenty years for an ageing Australian Jewish population?

From a service planning perspective, what is significant about this report is that it allows us to understand **how the current cohort of older Jewish people differs from previous generations and importantly how they differ from older people in the total Australian population.**

The Jewish community in Australia have and continue to enjoy quality aged care services from a handful of committed not-for-profit agencies. In Sydney and Melbourne there is a proud history of providing care and support for the aged for more than 150 years. Today, there are a wide range of aged care services being offered to the community, which reflects the changes in demography, lifestyle attitudes and consumer expectations.

Change has been a constant in the Jewish community in Australia, shaped by the waves of migration during the twentieth century. The Jewish community has proactively and effectively responded to these changes, developing a range of aged care services which have taken into account the diverse needs of this heterogeneous community. Today, the Boards of these agencies around Australia are charged with the very important **responsibility of strategically planning** how to care for their community over the next ten to twenty years. The Jewry 2030 Steering Committee would encourage these organisations to consider the information contained in this report in their analysis of communal need when designing their service response.

From a communal planning perspective the key determinants (or variables) used to estimate the 'shopping basket' of aged care service needed for the future, should include consideration of: **population projections; cultural diversity; chronic disease; marital status; carer wellbeing; health promotion; financial capacity; consumer expectations; government policy.**

Lastly, when considering a service response to important social changes, it is critical to understand the evolving policy frameworks within Australia to identify the opportunities and threats to a service provision that embraces the full diversity of the Jewish community.

Jewish services are distinctive in their commitment to understanding and meeting the cultural and spiritual needs of a diverse community. To continue to deliver on this aspiration, agencies must find clarity within the complexity of communal change.

Age – life stages

The definitions in this report of 'young old' (65-74), 'middle old' (75–84) and 'old old' (85 years and older) provide an important way to evaluate demand segmentation.

The report identifies that **the 'middle-old' and 'old old' currently make up a higher proportion of the Jewish population than within the total Australian population.**

In the current Jewish population of Victoria and New South Wales, 7.5% to 8% are 'middle old' (aged 75-84), compared to 5% of the total population of the two states; just under 4% of the Jewish population of these two states is 'old old' (aged 85+) compared to 1.7% of the total population.

As women have a higher life expectancy than men, there are many more women than men in the 'old old' cohort. Of those in the 'young old' cohort the proportions are nearly equally split, in the 'middle old' and 'old old' cohorts there is a ratio of 6:4 women to men, with the difference widening with increasing age.

Population projections

Given the breadth of data in this report, it is possible to predict with a large degree of probability (*but not certainty*) that there will be a significantly larger population aged 65 and over within ten years (2021), and over the age of 75 within twenty years (2031).

While between 1996-2006 there was a marked increase in those over the age of 85 within the Jewish community, many of whom were Holocaust survivors, the projected demographics to 2031 show a decline in this age cohort – the 'old old'. The projections for Victoria is that the Jewish population aged 85 and over will decline from 2,534 to 2,436 to 2,199 in the years 2011, 2016 and 2021. For these years the decline in New South Wales is projected to be from 1,775 to 1,628 to 1,487.

In contrast, it is expected that **the population aged 65-74 will experience a marked increase from 2011 onward, while the population aged 75-84 will increase over the following decade**. It is projected that the Victoria Jewish population aged 75-84 will increase from 4,130 in 2021 to 7,469 in 2031; this represents an increase of 81% over the decade. In New South Wales, the projected increase for the decade will be from 3,070 to 4,931, an increase of 61%. An increase in the population of this magnitude **will put major pressure on the Jewish community's resources and funding**, with the **greatest impact in the decade of the 2030s as the population wave moves into age groups requiring more expensive aged care service provision.**

Cultural diversity

Importantly, **a significantly higher proportion within the Jewish community than within the total Australian population were born overseas**, although most have spent the majority of their lives in Australia. Immigration was at its peak during 1947–1961, when the Jewish population increased by 101% in Victoria and 82% in NSW, compared with an increase of only 28% in the total Australian population over these years.

At the 2006 census, 24% of the Australian population were born overseas; this compared with 46% born overseas in the Melbourne Jewish community and 56% in the Sydney Jewish community. Within the 'middle old' and 'old old' cohorts around 80% of the Jewish population were born overseas.

Waves of immigration, of which the post-war arrivals were but one, and the phenomenon of chain migration, have defined the character and geographic location of the Jewish communities. Given the different countries of origin within the different waves, the various aged cohorts have very dissimilar language needs – a key factor for agencies in recruitment and training of staff and volunteers in their service provision.

The diversity within the Jewish aged community from both ethnicity and religious perspectives is significant for provision of culturally appropriate care and support.

Experience of the Holocaust

Those born before 1930 were aged over 80 in 2010. This aged group includes the immigrant waves of Holocaust survivors, most of who arrived before 1955. There are also a relatively small number of child survivors, born in the period 1930–1945, who were aged 65-80 in 2010. Of the Holocaust survivors, a higher proportion of Eastern

Europeans were drawn to settle in Melbourne, while a higher proportion of Central Europeans settled in Sydney. In 2009-10, 80% of clients accessing services for older people at Jewish Care Victoria were Holocaust survivors and originated from 26 different countries. This figure equates to 1,979 people.

If we examine these statistics more closely, we find that in 2009-10 Holocaust survivors made of 84% of clients accessing the direct community care and support service for older people; 77% of clients accessing Healthy Ageing services for older people; 71% of clients accessing packaged care in the community; and 61% of clients accessing residential services for older people.

Growth in service provision for Holocaust survivors in recent years has been within the 'old old' cohort, largely in the area of community-based services in preference to residential aged care. Claims Conference funding is a significant enabler for Holocaust survivors to access these much-needed services. **Should funding from the Claims Conference no longer be available there would be a significant challenge for not-for-profit agencies to find capacity within their organisations to continue to support and care for this large cohort among the elderly.**

The depths of the traumatic experiences and losses that Holocaust survivors have endured can never be fully understood. This limitation, together diversity of background and individual character, makes it extremely difficult to apply a set of guidelines for providing care to survivors. Nevertheless, by investing in knowledge, building staff capacity to understand the sensitivities and vulnerabilities shared by many survivors, including potential responses to the changing circumstances of their lives, **Jewish agencies are best placed to provide appropriate care.**

Lastly, whilst the numbers of Holocaust survivors will diminish over the next ten years**, there are emerging health concerns for the children of survivors, the Second Generation**, which will need appropriate service response to ensure the ongoing wellbeing of the community.

Chronic disease

Importantly from a service planning perspective, **as more people are surviving major diseases and the average life expectancy continues to increase, there are a higher number of people living with non-infectious chronic conditions. The consequence is that more people will need 'maintenance' support extending over many years.**

Chronic disease prevention and management must be considered across the care continuum as a chronic disease may manifest in childhood or develop in later years as a result of lifestyle practices or environmental factors. The impact of chronic disease on a community is often understated. Whilst chronic diseases can be mostly managed conservatively in the community, in conjunction with acute hospital admissions, they are often associated with functional impairment or disability and impose a significant charge on limited resources. As a person ages there is the likelihood that one or more co-morbidities will develop and the complexity of the disease processes increases the need for additional support.

Requirement for assistance with 'core activities' (communication, mobility or self-care) is at the level of less than 10% of the Jewish population aged 65-74, close to 25% of those aged 75-84, and close to 50% of those aged 85 and over. **Those requiring some form of 'assistance'** (a broader term than 'core activities') **increases by around 15 percentage points for each five year increment above 65 years of age**. In the Australian population, 25% of those aged 65-69 need some form of assistance, 40% of those aged 70-74, 50% aged 75-79, 65% aged 80-84, and more than 80% of those aged 85 and over.

Marital status and residence

The Gen08 survey indicates **a large majority (nearly 80%) desire to live in their own home for as long as possible.** This preference parallels attitudes across Australian society. A key factor for the viability of independent living is the availability of support.

Domestic arrangements are an important factor in the wellbeing of older people because they indicate the potential for support – or isolation and loneliness. In many cases, the primary carer in the event of illness or physical disability of an older person is the spouse or partner. The increased likelihood of widowhood among older people will result in increased need for home support services. Women aged 75 and over are much more likely to live alone than men. While there are fewer men aged 75 years and older living alone in private dwellings, they are more often in need of assistance than females living in equivalent circumstances.

These statistics have clear service implications when we understand the large number living alone and that of those aged 75-84, close to 25% require assistance with 'core activities', whilst of those aged 85 and over, close to 50% require such assistance.

Carer wellbeing

The statistics concerning unpaid carers are critical for understanding of service planning, as **the aged care system currently relies heavily on the continuing provision of informal care**. There are many 'young old' (65-74) within the Jewish community caring for their aged parents. Within this age cohort, 17% of women and 12% of men indicated that they provide unpaid assistance to a person with a disability. Most carers give comfort, encouragement and assurance to the person they care for, oversee their health and wellbeing, monitor their safety and help them stay as independent as possible.

Whilst there are many rewards of caring, it can also be very demanding and often restricts the lives of individuals and their families. An important finding is that 50% of primary carers are on a low income and many find it hard to cover living expenses, save money or build superannuation; the extra costs of caring can impose substantial pressure on those involved as they often have to find money for extra expenses such as cost of heating and laundry, medicines, disability aids, health care and transport.

Caring can also be emotionally taxing and physically draining. Carers have the lowest wellbeing of any large group measured by the Australian Unity Wellbeing Index. Carers often ignore their own health and are 40% more likely to suffer from a chronic health condition. Many carers are chronically tired and feel isolated, missing the social opportunities associated with work, recreation and leisure activities. The demands of caring can leave little time for other family members or friends. Additionally, carers often have to deal with strong emotions, such as anger, guilt, grief and distress, which can spill into other relationships and cause conflict and frustration.

Also of relevance is the relatively high geographic mobility within the Jewish community. Many elderly Jewish people have children who live in different countries, attracted by centres of Jewish population, or in different cities in Australia, further diluting care networks.

Assistance provided to carers is central to the success of service response.

Health promotion

Health, especially ill health, can have a significant impact on people's lives and impact more with increasing age. Deterioration in the health of older people can result in loss of independence affecting, among other things,

people's care needs, their housing arrangements, their financial security, their emotional well being and ultimately their capacity to remain living at home.

Good health is often a result of lifestyle. This underscores the need to ensure that those charged with the responsibility of planning service responses for the aged **understand the need to provide services that focus on early intervention, health promotion and social connectivity** to ensure people remain healthy, happy and connected whilst they remain living in their homes.

Financial capacity

The distribution of wealth within the Jewish community is polarised, as it is in the total Australian population, with the average net worth of the upper quartile of 45-65 year old Australians at 10 times the average net worth of the lower quartile. Australian Bureau of Statistics data indicates the polarisation of weekly income, with 32% of 65-84 year olds in the Victorian Jewish population and 27% in New South Wales reporting weekly income less than $250 per week. In contrast, nearly 17% in Victoria and 24% in New South Wales indicated that they had incomes in excess of $1000 per week. **Gender is an important consideration in wealth distribution**, with nearly twice as many men as women indicating income levels in excess of $1000 per week, in part reflecting pre-retirement higher participation rates in paid employment and the capacity to build adequate superannuation savings.

Ownership of housing is also an important variable when considering a person's ability to live comfortably and engaged in their later years. Clearly, those who own their own homes are more able to cope financially if they are reliant on a government pension. It is estimated that of those aged 65-74, in the Jewish population 10-15% are in rental accommodation.

When considering capacity to pay for future services, there are also other complicating issues including generational wealth transfer. Many older people within the community are assisting their children and grandchildren to pay for Jewish day school education and assisting with the purchase of homes. A range of cost pressures may impact on capacity to provide such assistance in the future.

On average, people move into residential aged care around the age of 85. A very clear policy direction being considered by the Commonwealth government is the imposition of greater costs on those with capacity to pay.

For understanding future need – in 5, 10 and 20 years from now – financial capacity and the direction of government policy are vital for aged care service providers to assess capital needs and inform service planning.

Consumer expectations

The Jewish community, like the general Australian community, is about to face a watershed moment: **in 2011 the first of the 'baby boomers' reach 65.**

The 'baby boomers' are viewing the aged care system with critical eyes as they play a key role in the care of their ageing parents**. This new generation of older people in the Jewish community will demand changes to the aged care system. Perhaps the most important change is that this generation will be more demanding than any group that has gone before them. The reasons for this are that they will be wealthier, more consumer savvy and they will insist on choice.**

This cohort will want to remain living in their own homes or in their local community for as long as possible; the 'traditional nursing home' will be the last resort. For the Jewish community this is particularly important as the communities are generally defined by locality, where there is access to Jewish cultural and religious services.

The consumer will expect aged care service provision agencies to purposefully embody the Jewish values that resonate with them as individuals; and to be responsive, respectful and inclusive of the diverse needs across the Jewish community.

What this means for service provision is a challenge when the results of this report are considered. Does it mean an investment in religious and cultural observance? Does it mean the provision of a place of prayer? Does it mean the adherence to strict Jewish dietary laws? This report is inconclusive in its findings. However, interestingly the Gen08 survey asked people if they were unable to care for themselves, would they prefer a Jewish or non-Jewish aged care facility. **Of those aged 75-84, 72% indicated a preference for a Jewish aged care service**; 16% indicated no particular preference; and almost no respondents (1%) indicated a preference for a non-Jewish facility.

Government policy

2011 has seen the release of the Productivity Commission's landmark reports on *Caring for Older Australians* and *Disability Care and Support*. These reports highlight the need for better services, which are consumer focused, offer choice, flexibility, quality, access and sustainability for the longer term.

The final report on *Caring for Older Australians,* dated 28 June 2011, confirms the inadequacies and limitations of the current aged care system, whilst clearly identifying the future funding that is needed to provide a quality system that will meet the needs of an ageing population with greater expectations.

Whilst there is still a significant amount of work to be completed in the area of financial modelling and the establishment of entitlement criteria, **the reform package points to the introduction of a scheme whereby people who can afford to contribute to the cost of care and accommodation will be required to do so, whilst also ensuring that a rigorous safety net remains in place to ensure services are available to those that cannot afford to pay**. It is anticipated that cost will be met without the need to sell the family home through the creation of two schemes – the *Australian Aged Pensioners Savings Account* and the *Australian Aged Care Home Credit Scheme*. But the expectation of greater individual contribution to care and accommodation has direct consequences for the relatively affluent ageing Australian Jewish population.

The need for reform is imperative. From a capital funding perspective, the industry is currently funded by the Commonwealth government at $109,000 per bed, whilst *the average costs* of construction per bed is between $200,000 and $240,000. For the Jewish population who are *located in relatively expensive urban areas* of major Australian cities, this creates a significant financial constraint on not-for-profit agencies to deliver quality aged care residences.

The Productivity Commission report also recommends a move to a more flexible consumer based entitlement system rather than the current rationing system. If a consumer has an assessed need then they will receive an entitlement to service and select a provider of their choice. This represents **a significant shift toward consumer self-determination and free market competition.** It is anticipated that the assessed entitlement will be facilitated through the creation of a new Aged Care Gateway. The purpose of the Gateway will be to centralise the point of entry and assessment for establishing an individual's entitlement to service provision which should simplify entry into a system which at present can be confusing.

A move towards a more flexible consumer based entitlement system would equate to the removal of outdated low and high care definitions in residential care; improved funding in areas of higher care needs such as palliation and sub-acute services; removal of arbitrary community care packaged amounts – to be more reflective of the consumer's care and support needs; greater competition in the market; and a freeing up of the service allocation process.

Implications

The implications for service planning become clear as detailed understanding of the emerging needs of the Australian Jewish population are considered in the context of the new directions of Commonwealth policy.

There is a real need to grow capacity within organisations to support the 'middle old' and 'old old' in their aspirations to remain living as independently as possible in their homes. The currently proposed changes would facilitate access to improved community services to support independence and wellness by providing real choice and control as to where older people wish to live – at home or in a facility. As a priority, Jewish providers need to consider demographic projections with regard to expected demand for services as a consequence of changing age and cultural profiles.

The test for service providers will be how they 'connect' with the older population earlier in the life cycle (with the young old) to assist with early intervention; health promotion and social connectivity to ensure people remain healthy, happy and connected whilst they remain living in their homes. Changing health profiles and the need to support people with chronic non infectious diseases both need significant attention. This is clearly aligned to the Jewish community's aspirations for service provision and accords with the Productivity Commission Report as well as the National Health Reforms.

With regard to residential aged care, **it appears from demographic projections that the immediate challenge is to not to create more places, but to ensure the existing built stock reflects the desires of consumers today and in the years ahead.** If Jewish agencies are to compete with non-Jewish providers to become 'top of mind' with a quality point of difference, **ageing building stock needs to be replaced.**

There will always be a need for some residential aged care places, particularly in areas of specialities such as caring for individuals with severe dementia, slow stream rehabilitation post-hospitalisation, social isolation, chronic carer distress and palliation. The challenge will be to build senior environments that are dynamic, integrated and desirable for the new consumers: **adaptable senior living environments that can be used flexibly as the needs of the community change and as government policy changes**. Consumers will want a larger range of residential aged care and senior living 'products'. These products will need to be better differentiated so that the changing needs of the whole Jewish population are met.

Given the wealth distribution and projected population forecasts there will remain a need to ensure a safety net of services for those that cannot afford to pay. Additionally, community agencies need to consider the introduction of differentiated products that meet changing consumer expectations and levels of Jewish identification. Product differentiation should centre on accommodation, hotel services and lifestyle opportunities – not just the quality of care being provided.

In the longer term, Jewish agencies **will need to consider how they respond to the large demographic shifts in 2026–2031** from a built form perspective.

Conclusion

Jewish aged care organisations have a long and creative history in Australia, providing some of the earliest models of care for older people. This is based on the strong Jewish commitment to caring for the community, and especially older people who are vulnerable due to poor health and frailty and/or socio-economic disadvantage.

Aged care impacts on all members of the Jewish population, whether as a person requiring care, caring for someone who needs support, or as an organisation that seeks to advocate for the distinctive needs of the community.

The vast majority of Jewish people identify strongly with their community. If Jewish service organisations continue to be responsive to the needs of the community, by engaging them in the development of future services that are relevant to them, there is strong evidence that these organisations will survive and flourish. However, this is not guaranteed. Reports such as this one provide a strong evidence base for developing services.

As governments of all persuasions throughout the developed world are attempting to meet the requirements of ageing populations, the challenge is to build a service system that is sustainable for the requirements of a demanding and proactive ageing population. **Jewish organisations need to work in partnership with one another and with government to create a system that continues to be responsive to the distinctive and diverse needs of the community**. **This is the challenge and the opportunity.**

Introduction

In common with western countries Australia is experiencing an ageing of its population – specifically, the increase in the proportion aged of 65 and over. This is primarily a consequence of increased longevity, as well as the impact of a period of high fertility in the immediate post-war years.

The Jewish population of Australia is experiencing the same trend, only to a greater extent. There is a shift in the relative proportions of young, middle aged and elderly in the community. On the basis of census data it is possible to predict with a large degree of probability that there will be a significantly larger population aged 65-75 within ten years (2021), and 75-84 within twenty years (2031).

The community will experience growing pressure upon limited community resources and heightened difficulty in balancing needs of older people and other sectors of the community. These challenges are likely to be faced in the context of significant shifts in government policy.

The objective of this study is to further the understanding of current trends, including demography, lifestyle, attitudes, expectations, and needs. In particular, it is important to understand differences among the older population, including those between different age cohorts, and differences of gender and ethnicity. It is important to understand how the current cohort of older Jewish people differs from earlier generations and from older people in the total Australian population.

Life beyond 65: stages of life

There is no uniformly agreed definition of the elderly – but the term is generally understood to refer to people aged 65 years or older. A more precise approach differentiates categories of 'young old', 'middle old' and 'old old'.

- The **'young old'** are aged from 65 to 74 years; typically during these years people are still physically active and many are economically productive.

- The **'middle old'**, those aged 75 to 84 years, experience the highest rate of age-related life transitions, such as declining health and widowhood.

- The **'old old'**, aged 85 years and older, have the greatest need for support and assistance with everyday living activities, utilising informal and formal home care, and residential low and high care.

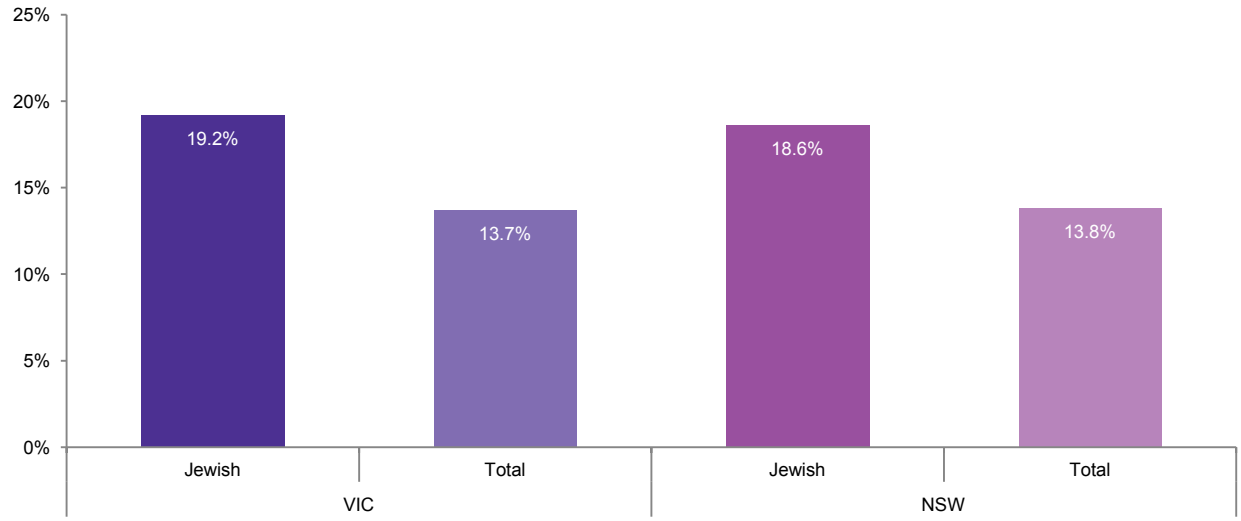
The number of older Jewish Australians

Those over the age of 65 form a higher proportion of the Jewish population than of the total Australian population.

Of the total Australian population at the 2006 census, 13.3% were aged 65 and over; of the Victorian population, 13.7% are aged 65 or older, of the New South Wales population, 13.8%.

In contrast, within the Jewish population of Australia, the proportion aged 65 and over is 18.7%. In Victoria, 19.2% of the Jewish population was aged 65 and over; in New South Wales, 18.6%. Of the other states, the lowest proportion, at was in Queensland (16.9%) and Western Australia (17.1%).

Figure 1: Jewish and total population, proportion aged 65 and over, Victoria and New South Wales



Source: Australian Bureau of Statistics (ABS), 2006 Census

Table 1: Enumerated Jewish population aged 65 and over, by state of residence, 2006

State	Jewish population aged 65+	Total Jewish Population	% of Jewish population aged 65+
Victoria	8,000	41,614	19.2%
New South Wales	6,908	37,127	18.6%
Queensland	653	3,855	16.9%
South Australia	208	1,128	18.4%
Western Australia	924	5,388	17.1%
Total	16,693	89,112	18.7%

Source: ABS, 2006 Census

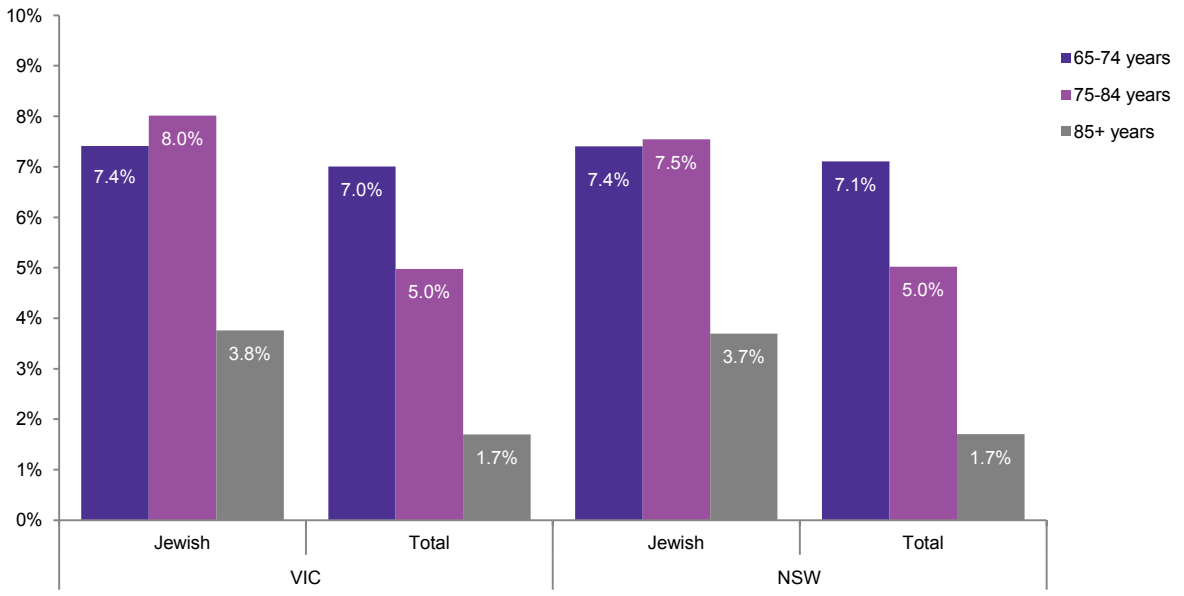
Age groups

Consideration of age groups ('young old', 'middle old', 'old old') within the Australian Jewish population reveals that 7%-8% are aged 65-74; a similar proportion, 7%-8%, are aged 75-84; and half that proportion, between 3%-4%, are aged 85+.

In Victoria, 7.4% are aged 65-74, 8% aged 75-84, and 3.8% aged 85 and over. In New South Wales, 7.4% are aged 65-74, 7.5% are aged 75-84, and 3.7% aged 85 and over.

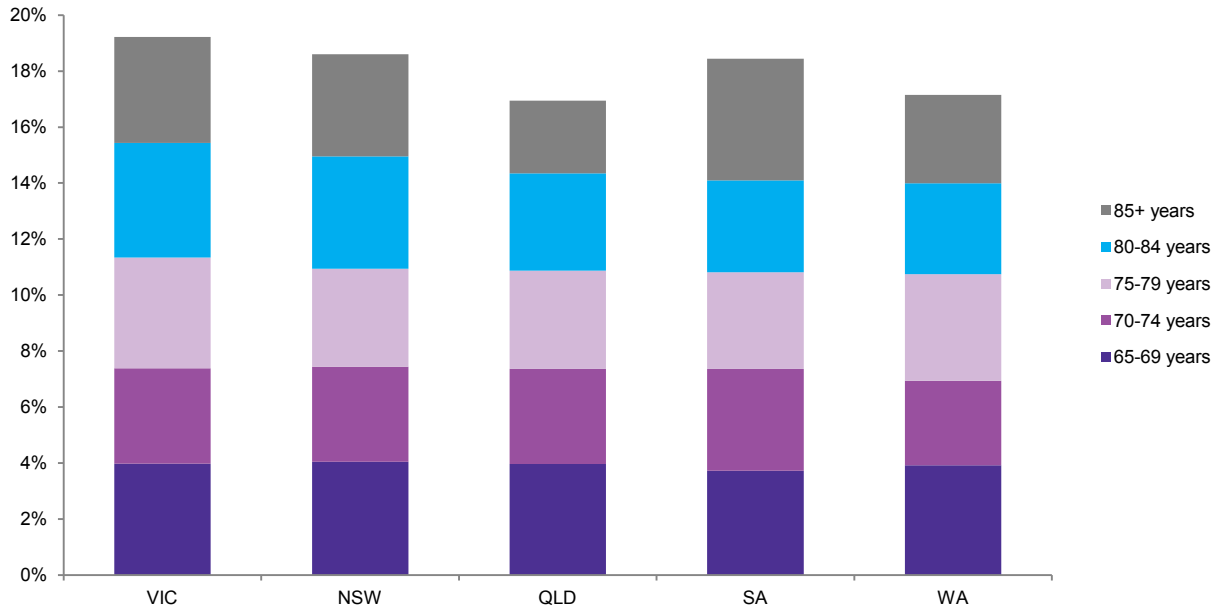
When compared with the total Australian population, the difference is only minor for the age group 65-74. But it is significantly higher in the Jewish community for those aged 75 and over. Thus in the Victorian Jewish population, 8% are aged 75-84, 7.5% in New South Wales, compared to 5% of the total population of the two states. In Victoria and New South W ales 3.7%-3.8% of the Jewish population is aged 85 and over, compared to 1.7% of the total population of the two states. These are relative proportions: they do not establish that Jewish Australians live longer, rather that the population distribution is skewed, so that there are relatively smaller numbers in the younger age groups and relatively high numbers among those aged 75 and above.

Figure 2: Jewish and total population aged 65 and over, proportion by age group, Victoria and New South Wales



Source: ABS, 2006 Census

Figure 3: Jewish population aged 65 and over by age group, five states



Source: ABS, 2006 Census

Gender

Women have a longer life expectancy than men – thus there are many more women than men aged 85 and over.

There is a difference in life expectancy of men and women of between 4 and 7 years, depending on current age (or date of birth). Of those born in 2004-06, men have a life expectancy of 79 years and women 84 years. Over the past 20 years, life expectancy for men has improved by 6.1 years, for women by 4.2 years.[1]

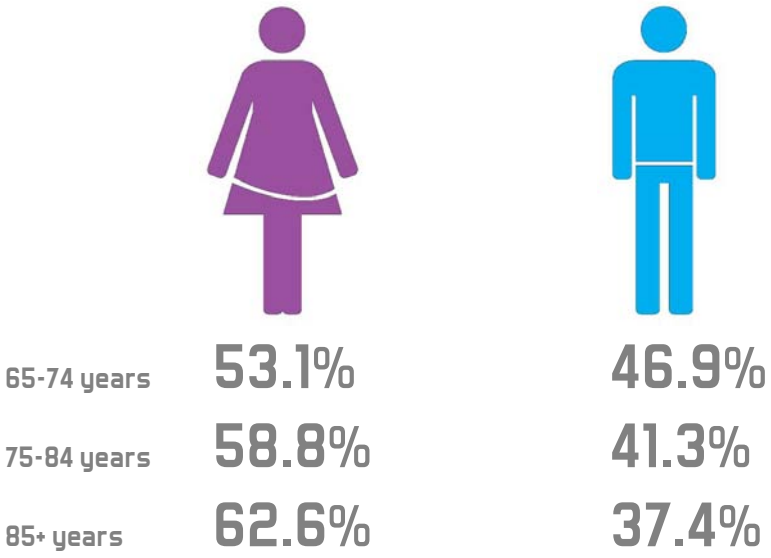
Among those aged 65-74, there are only marginally more women than men; in the Victorian Jewish population, 54% are women, 46% men; in New South Wales, 52% are women, 48% men. Of those aged 75-84, the proportions widen to a ratio close to 6:4, there is further widening among those aged 85 and over.

Thus in Victoria, of those aged 75-84, 60% are women, of those aged 85 and over, 61%. In New South Wales, of those aged 75-84, 58% are women, of those aged 85 and over, 64%. In numerical terms, in Victoria of those aged 85 and over, it is estimated that 1,391 are women and 887 men, a difference of 504; in New South Wales of those aged 85 and over, an estimated 1,015 are women and 575 men, a difference of 440.

[1] Australian Bureau of Statistics, Life Expectancy Tables

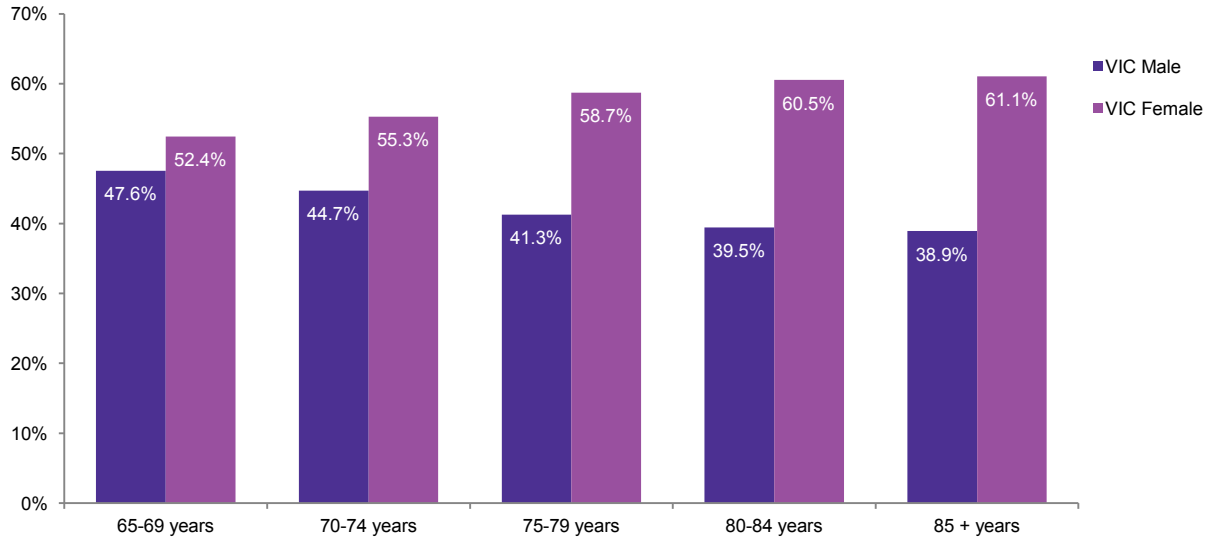
The gender differences in the older age groups are of major importance for the provision of aged care. A report by Jewish Care Victoria in 2009-2010, indicated that 69% of older people using both the community services and the aged care facilities were female, 31% were male[2].

Figure 4: Jewish population aged 65 and over, gender proportion by age group, Victoria and New South Wales



Source: ABS, 2006 Census

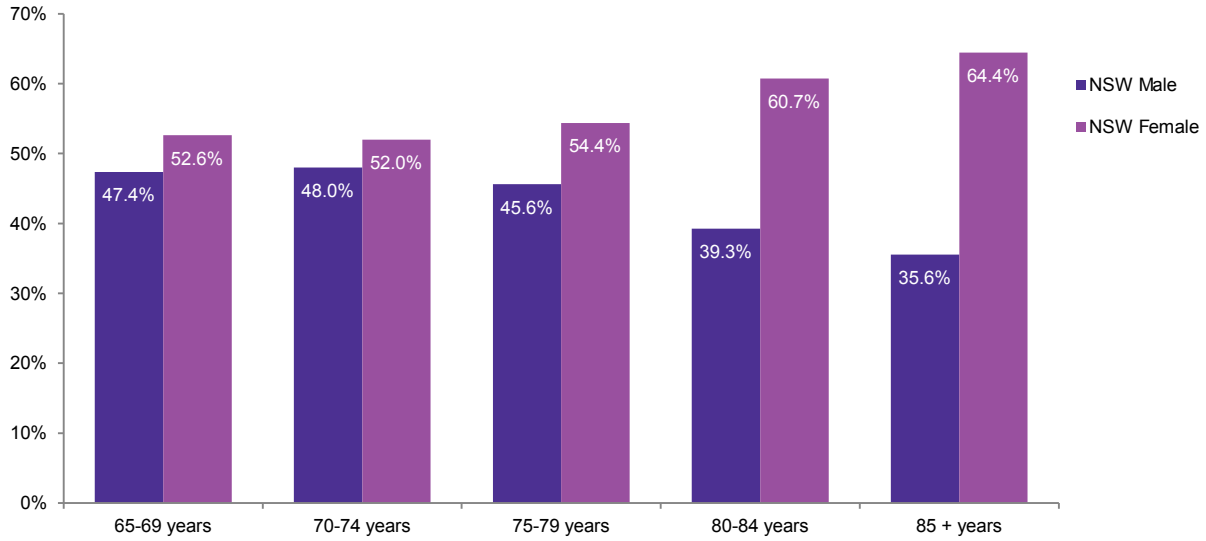
Figure 5: Jewish population aged 65 and over, gender proportion by age group, Victoria



Source: ABS, 2006 Census

[2] Jewish Care Victoria, Services for Older People, Client and Residential Statistics, July 2009- June 2010

Figure 6: Jewish population aged 65 and over, gender proportion by age group, New South Wales



Source: ABS, 2006 Census

Marital status

Changes in the marital status of people as they age are a significant factor in care provision.

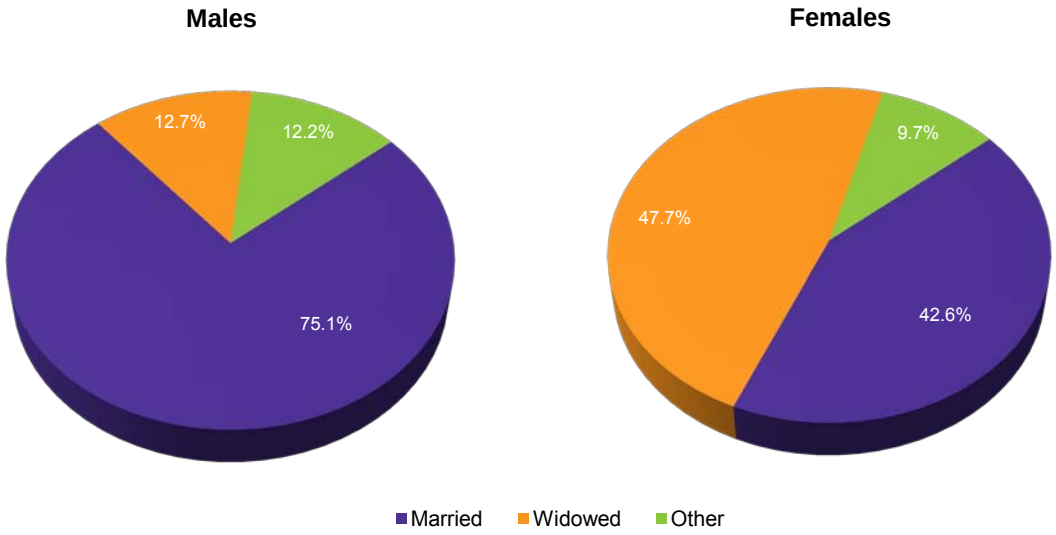
A man is less likely to be widowed than a woman, in large part a consequence of differential life expectancy of men and women. Women are more likely to be widowed. Further, of those who are widowed, men are more likely than women to remarry. The consequence is that there is a much greater probability of a woman than a man being left without a partner.

Of those in the Jewish population who are aged 65-74 in Victoria, 82% of men and 66% of women are married. The gap widens in the older age groups. Of those aged 75-84, 75% of men and 40% of women are married. Of those aged 85 and over, 60% of men and only 13% of women are married.

The relative proportions in New South Wales are almost identical. Of those aged 65-74, 79% of men are married, 62% of women; by the age of 85 and over, 59% of men and 12% of women are married.

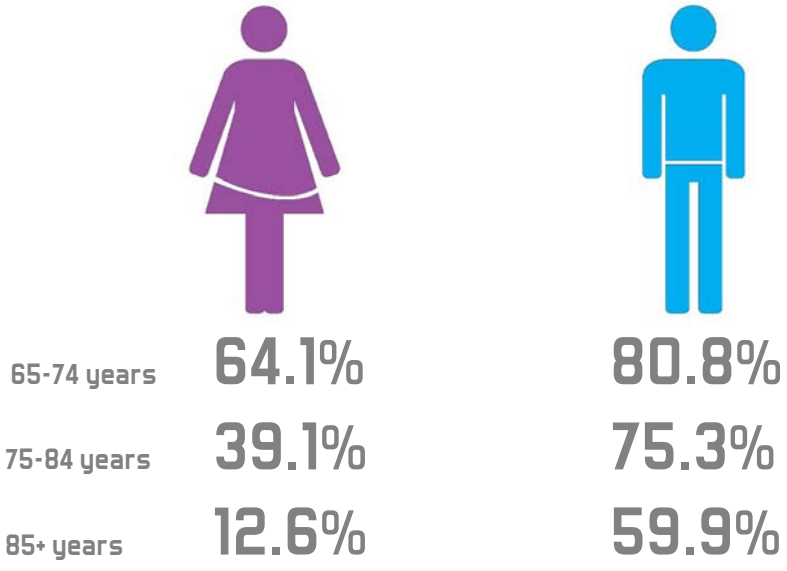
In the two states, women who are widowed increase from around 20% of those aged 65-74 to 54% aged 75-84 and to 82% aged 85 and over.

Figure 7: Jewish population aged 65 and over, marital status by gender, Victoria and New South Wales combined



Source: ABS, 2006 Census

Figure 8: Jewish population aged 65 and over who are married, proportion by gender and age group, Victoria and New South Wales



Source: ABS, 2006 Census

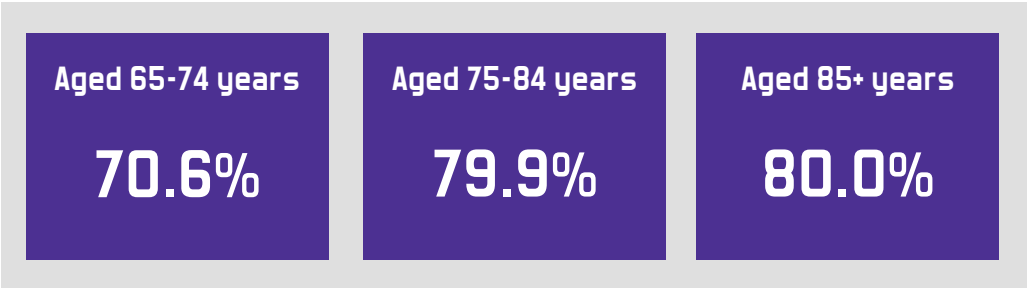
Birthplace

A markedly higher proportion within the Jewish community than within the total Australian population is born overseas, although most have spent the majority of their lives in Australia. This pattern is more evident among the older Jewish population.

At the 2006 census, 24% of the Australian population was born overseas; this compared with 46% born overseas in the Melbourne Jewish community and 56% in the Sydney Jewish community.

Of the population aged 65 and over, close to 30% of the total Australian population is born overseas, compared with 75% of the Jewish population of Victoria and New South Wales.

Figure 9: Jewish population aged 65 and over, proportion overseas born by age group, Victoria and New South Wales combined



Source: ABS, 2006 Census

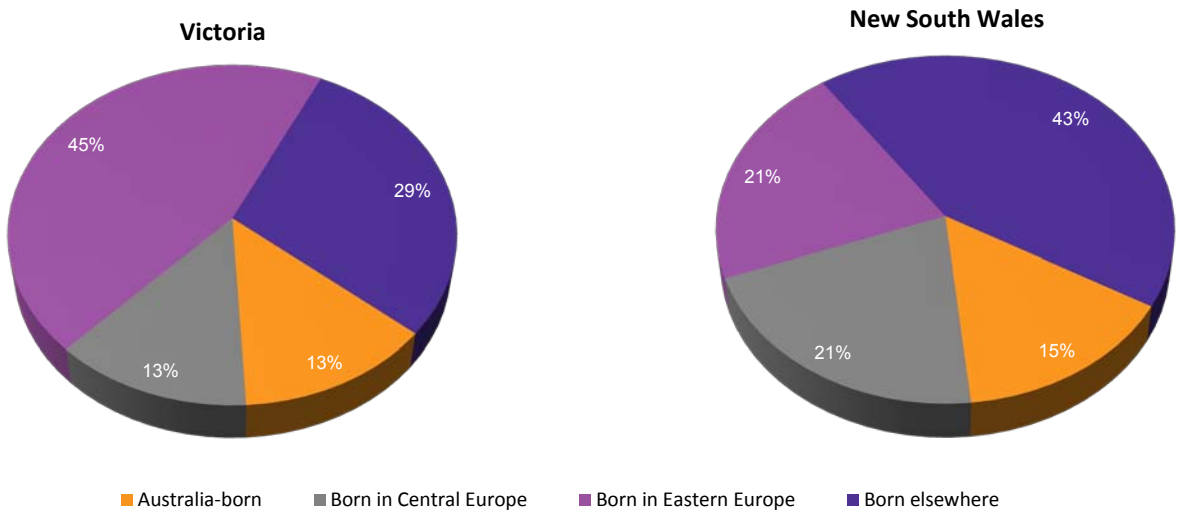
Waves of immigration and the phenomenon of chain migration define the character and geographical location of the age cohorts. Chain migration refers to the process whereby immigrants are drawn to settle in specific locations by the presence of relatives or countrymen (including friends and acquaintances) from their region of origin.

Those who were aged 75 and over at the time of the 2006 census were born in 1931 or earlier. This age group includes the immigrant waves of Holocaust survivors, most who arrived before 1955. The statistics of Jewish Care Victoria indicate that 80% of older clients are Holocaust survivors, but the number of Holocaust survivors is now much diminished in number. There is a relatively small number of child survivors, born between 1930-45, who were aged between 60 and 75 in 2006. Of the Holocaust survivors, a higher proportion of eastern Europeans were drawn to settle in Melbourne, a higher proportion of central Europeans to Sydney

In Melbourne, within the population aged 75-84, 25% were born in Poland and 20% in the Former Soviet Union (FSU), compared to 13% born in Australia, 4% in Hungary, 6% in Germany, and 3% in Austria. Thus a total of 45% were born in the main countries of eastern Europe, 13% in central Europe and 13% in Australia.

In Sydney, a higher proportion aged 75-84 is from central Europe and there is a broader range of birthplace groups. The proportion born in eastern Europe (Poland and the Soviet Union), at almost 20%, is half the Melbourne number. An almost equal proportion was born in central Europe: 10% in Hungary, 7% in Germany, 4% in Austria, a total of 21%. The Australia-born, at 15%, form a marginally higher proportion than in Melbourne.

Figure 10: Jewish population aged 75-84, proportion by country and region of birth, Victoria and New South Wales



Source: ABS, 2006 Census

The 'young old' reflect a different immigration wave, with a large number of immigrants from the FSU and South Africa. The FSU immigrants were drawn to Melbourne in larger numbers whereas those born in South Africa were drawn to Sydney.

Thus, those born in the FSU make up 23% of the population aged 65-74 in Melbourne, 14% in Sydney. The South African born make up 6% of the population aged 65-74 in Melbourne, 19% in Sydney.

Among the 'young old', the Australia-born make up a larger proportion than among older age groups, but are still a small minority, at 25% of the Jewish population in Melbourne and 20% in Sydney.

Table 2: Jewish population aged 65 and over, by country of birth and age group. Seven largest birthplace groups, Victoria and New South Wales

Country of birth	Victoria				New South Wales			
	65-74	75-84	85+	Total 65+	65-74	75-84	85+	Total 65+
Australia	25.3%	13.2%	10.8%	17.4%	19.7%	14.5%	14.5%	16.6%
United Kingdom	7.2%	4.9%	6.6%	6.1%	9.1%	6.2%	9.6%	8.0%
South Africa	6.3%	4.0%	1.9%	4.5%	18.5%	11.5%	6.0%	13.2%
Former USSR (including Ukraine & Baltic States)	22.9%	19.6%	10.7%	19.2%	14.4%	11.2%	8.6%	12.0%
Germany	2.2%	6.4%	5.5%	4.6%	2.3%	7.3%	7.7%	5.4%
Poland	10.1%	24.5%	35.2%	21.0%	2.9%	8.0%	12.5%	6.9%
Hungary	1.7%	4.0%	4.5%	3.2%	5.8%	9.8%	12.0%	8.6%
Austria	1.0%	2.6%	3.9%	2.3%	2.0%	4.1%	5.5%	3.5%
Other	15.4%	14.0%	11.0%	14.0%	19.9%	21.8%	18.7%	20.4%
Total overseas-born	66.8%	80.1%	79.4%	74.8%	74.8%	79.8%	80.7%	78.0%
Not stated/inadequately described	7.9%	6.7%	9.8%	7.8%	5.5%	5.7%	4.8%	5.5%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: ABS, 2006 Census

Languages

As noted, 75% of the Jewish population aged 65 and over are overseas born. Of these, most are of a non-English speaking background.

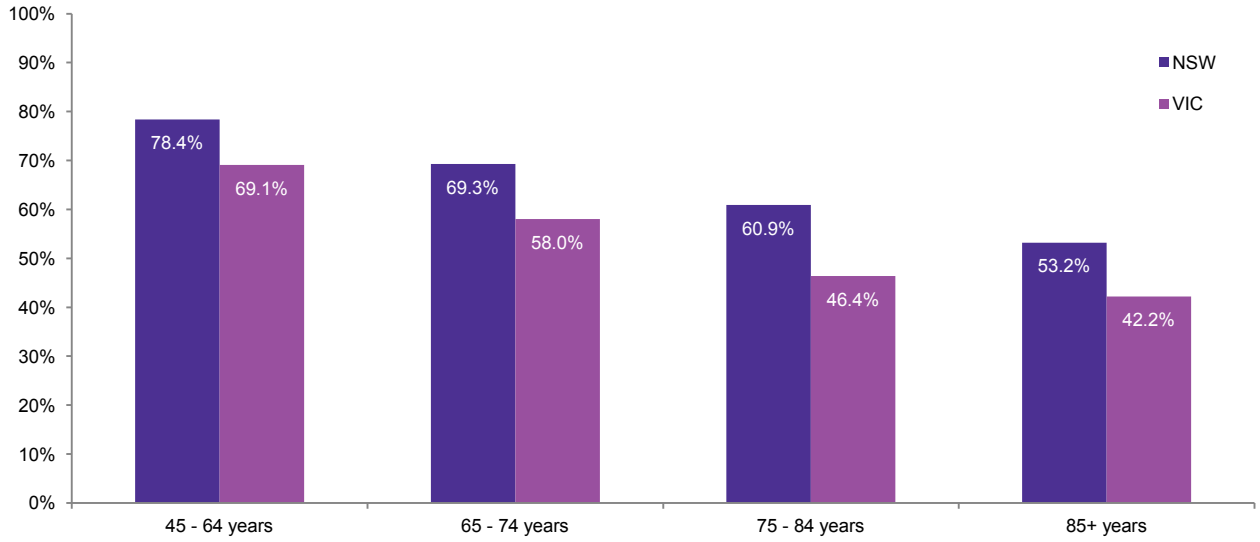
In Victoria, of the population aged 75 and over, only 20% are of an English-speaking background; in New South Wales a higher proportion, over 30% of those aged 75 and over, are of an English-speaking background.

Most older people are, however, multi-lingual. Although only a minority were born in an English-speaking country, they may speak English at home and may speak the language of their country of origin with friends and relatives.

In Victoria, of those aged 65-74 at the 2006, census close to 60% indicated that they speak English in the home; 45% of those aged 75-84, and close to 40% of those aged 85 and over.

In New South Wales, the proportions who speak English in the home are some 10 percentage points higher for the respective age groups. Thus of those aged 65-74, close to 70% speak English in the home, close to 60% of those aged 75-84, and close to 50% of those aged 85 and over.

Figure 11: Jewish population aged 45 and over, proportion who speak English in the home by age groups, Victoria and New South Wales



Source: ABS, 2006 Census

Of those aged 85 and over (born in 1921 or earlier at the time of the 2006 census), the most common languages other than English spoken in the home in Melbourne are Yiddish, Polish and Russian, a total of 36%. In Sydney the most common languages other than English are Hungarian, German and Russian, a total of 28%.

With regard to English language proficiency at the 2006 census, between 10% and 25% of people 65 or older do not speak English well or do not speak it at all, with an increase in lack of English proficiency by age. The census data is, however, incomplete because over 10% of those aged 65 and over did not indicate English language competence. The aggregated total of those who indicated that they speak English 'not well' and 'not at all', or did not state English language competence, is more than 20% in Melbourne and close to 15% in Sydney.

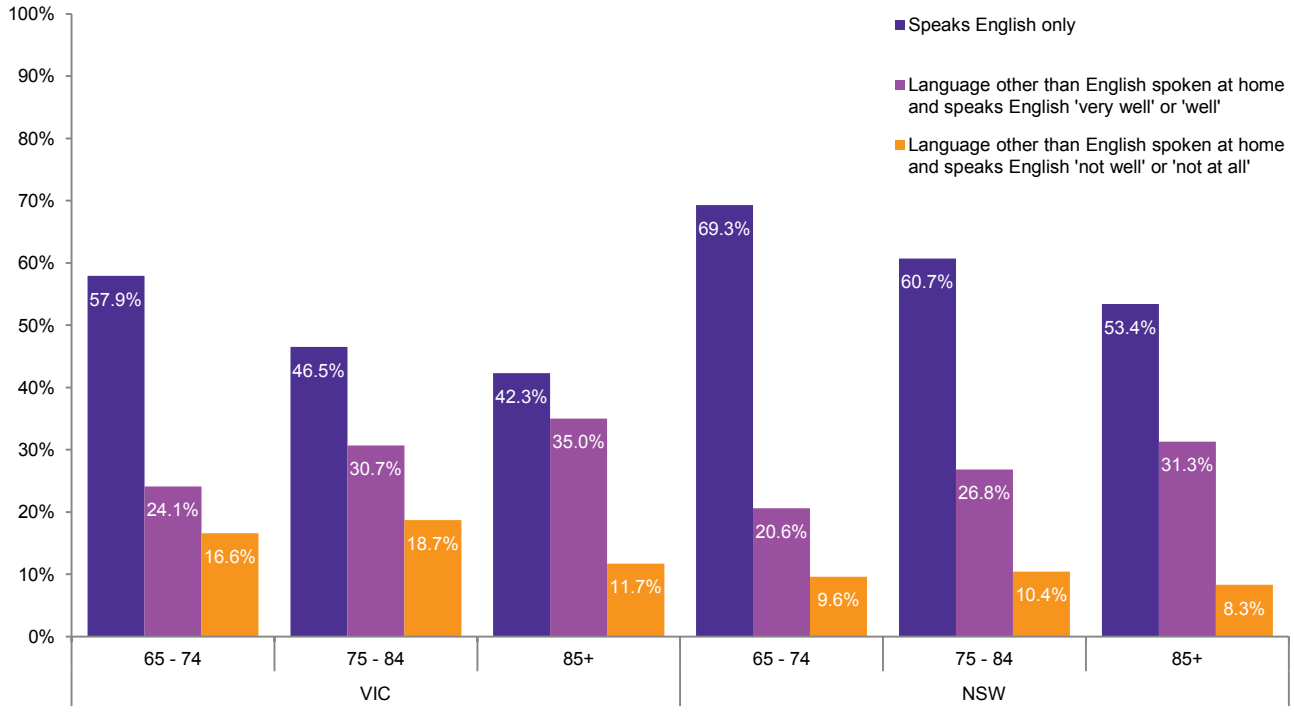
Proficiency in English, written and spoken, is important as people age because it is a factor which enables them to maintain their independence through managing their own affairs and accessing information.

Table 3: Jewish population aged 45 and over, language spoken at home by age, Victoria and New South Wales

Languages spoken at home	Victoria				New South Wales			
	45 - 64	65 - 74	75 - 84	85+	45 - 64	65 - 74	75 - 84	85+
English	69.1%	58.0%	46.4%	42.2%	78.4%	69.3%	60.9%	53.2%
East Slavic (Russian)	13.7%	25.6%	19.2%	9.5%	8.3%	16.5%	11.5%	8.5%
Hebrew	8.6%	4.1%	3.1%	1.3%	5.6%	3.4%	2.1%	0.2%
Hungarian	1.0%	1.1%	3.7%	4.4%	2.0%	3.5%	9.3%	11.4%
German	0.3%	0.7%	2.9%	4.8%	0.6%	1.1%	4.2%	8.3%
Yiddish	3.6%	4.3%	10.1%	14.1%	0.5%	0.6%	1.8%	2.8%
Polish	0.9%	1.7%	6.7%	12.3%	0.5%	0.4%	1.7%	5.0%
All other languages	0.3%	0.3%	0.1%	0.4%	0.7%	0.9%	1.0%	1.1%
Total non-English	30.3%	40.5%	49.5%	49.6%	21.1%	30.3%	37.1%	43.0%
Not stated/ inadequately described	0.6%	1.5%	4.1%	8.1%	0.5%	0.4%	2.0%	3.9%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: ABS, 2006 Census

Figure 12: Jewish population aged 65 and over, English language proficiency, Victoria and New South Wales



Source: ABS, 2006 Census

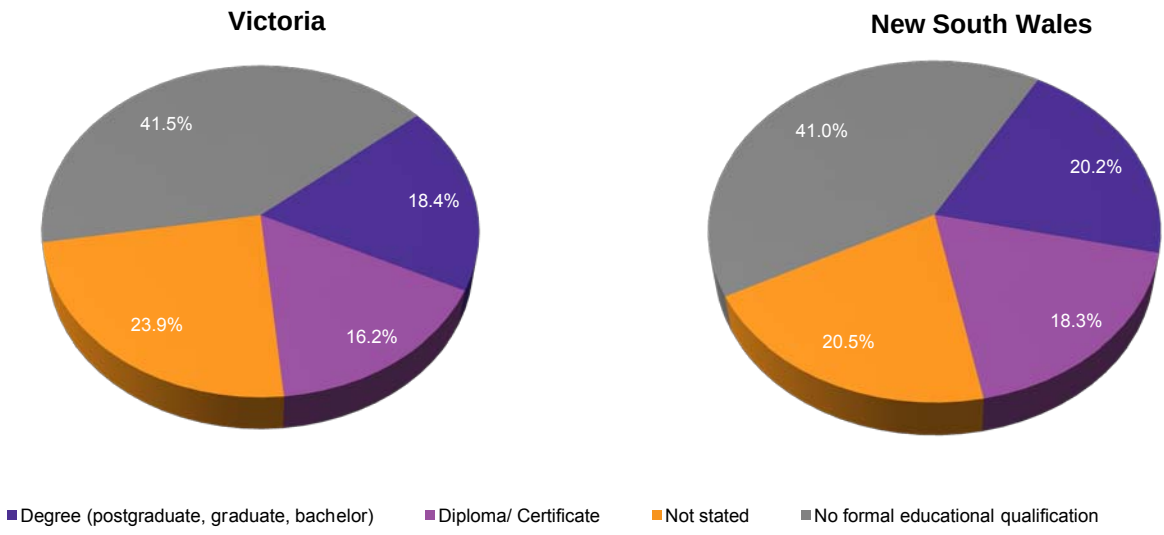
Education

Of those aged 65 and over, close to 20% have Degree-level qualifications; a similar proportion, close to 20%, have Diploma and Certificate level qualifications.

Of the remainder, 40% indicated that they have no formal educational qualification and close to 20% failed to indicate their highest level of educational qualification or provided an incomplete answer.

When Jewish populations are compared by state of residence, there is only minor variation between Victoria and New South Wales, a marginally higher proportion with Bachelor level qualification in Western Australia and South Australia, and a lower proportion at this level in Queensland.

Figure 13: Jewish population aged 65 and over, highest level of educational attainment, Victoria and New South Wales



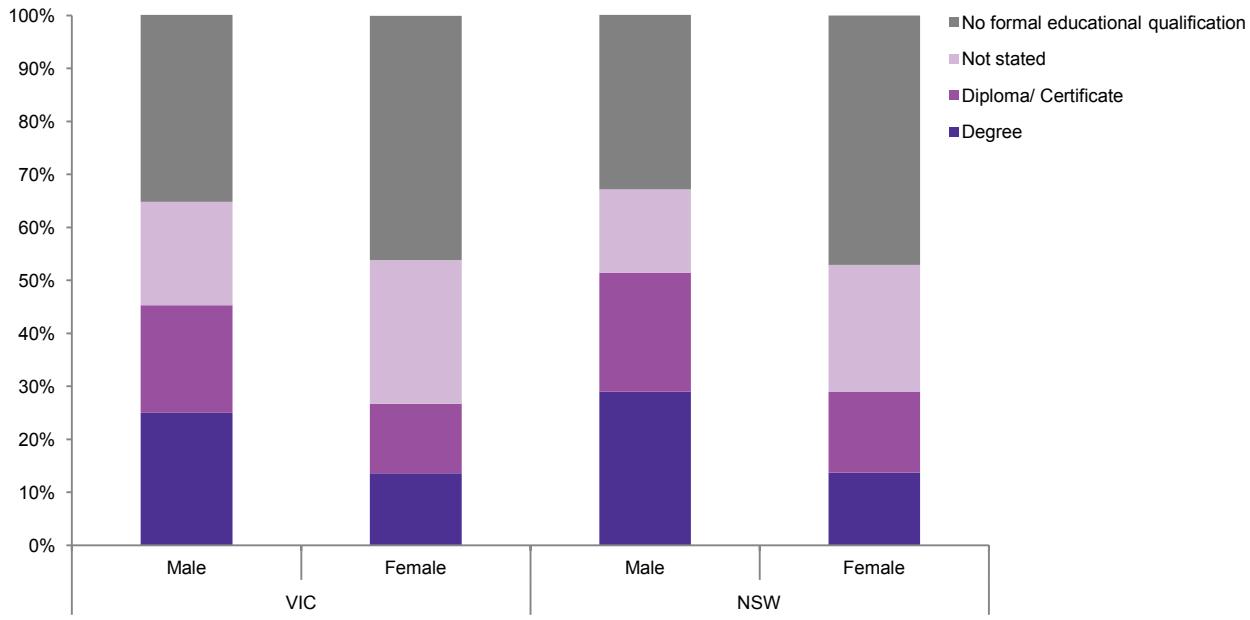
Source: ABS, 2006 Census

When qualifications are analysed by age and gender, there was found to be a lower level of educational attainment among women. The 'old old' men are almost twice as likely to have university level qualifications as women, a pattern which is also indicated when those aged 65-84 are compared.

Thus in Victoria, of those aged 65-84, 28% of men and 16% of women indicated highest level of education at Bachelor degree or above; of those aged 85 and over, 12% of men, 5% of women indicated Bachelor degree or above.

There is an almost identical distribution of qualifications in the Jewish population of New South Wales. Thus of those aged 65-84, a Bachelor degree of higher was held by 32% of men and 16% of women; of those aged 85 and over, 15% of men and 6% of women indicated Bachelor degree and over.

Figure 14: Jewish population aged 65 and over, highest level of educational attainment by gender, Victoria and New South Wales



Source: ABS, 2006 Census

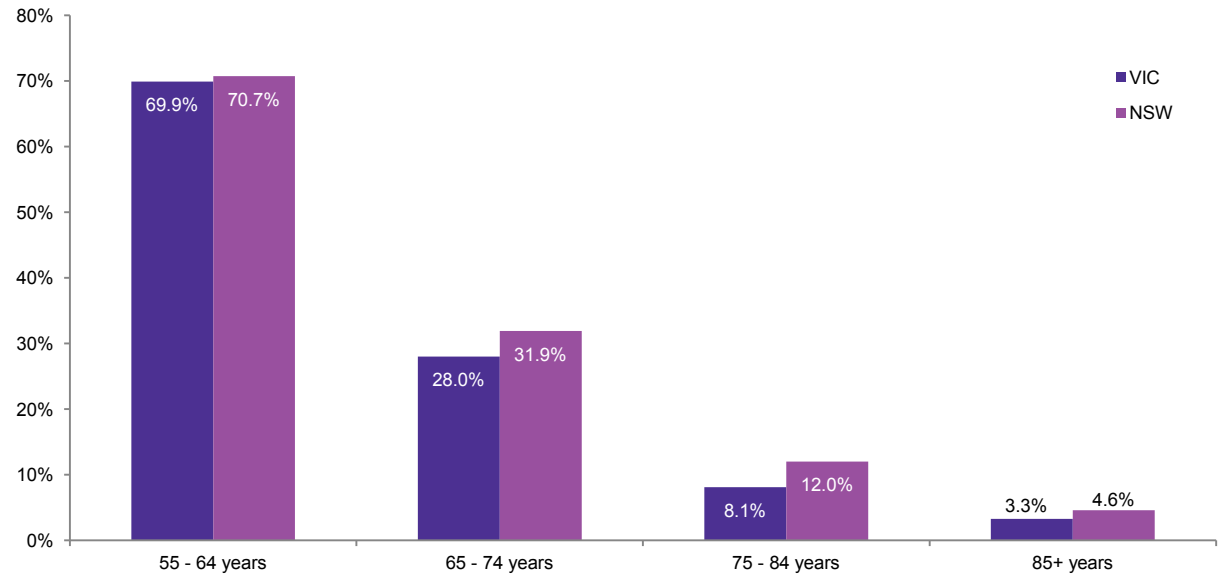
Employment

Retiring from paid work marks a significant transition in the life of an individual. However, retirement from one form of paid work may not lead to withdrawal from the workforce altogether. For many people, there is a staged retirement, whereby full-time work is followed by part-time in the same occupation, while for others there is a change in the nature of employment. Contribution to society also continues in the form of valuable but unpaid work as community volunteers or as carers for elderly or young family members.

The 2006 census for Victoria indicates the changing pattern of employment of the Jewish population; of those aged 55-64, 70% indicated that they were employed full-time (35 hours or more per week). This declined to 28% of those aged 65-74, 8% of those aged 75-84, and 3% of those aged 85% and over. The distribution for New South Wales was 71% of those aged 55-64, 32% aged 65-74, 12% aged 75-84, and 5% aged 85 and over – marginally higher than Victoria for those aged 65 and over.

Those who indicated that they were not in the labour force (or did not provide a response) rose in Victoria from 28% of those aged 55-64, to 72%, 92%, and 97% for the respective age intervals. In New South Wales the proportions not in the labour force (or not indicating response) were marginally lower: 27%, 67%, 89% and 95%.

Figure 15: Jewish population aged 55 and over, proportion employed full-time by ten year age group, Victoria and New South Wales



Source: ABS, 2006 Census

There are gender differences in workforce participation, with a higher proportion of men working full-time and a higher proportion of women part-time. There are indications of this pattern in the Gen08 survey, which simply asked respondents to indicate if they were employed full-time or part-time, without definition of terms.

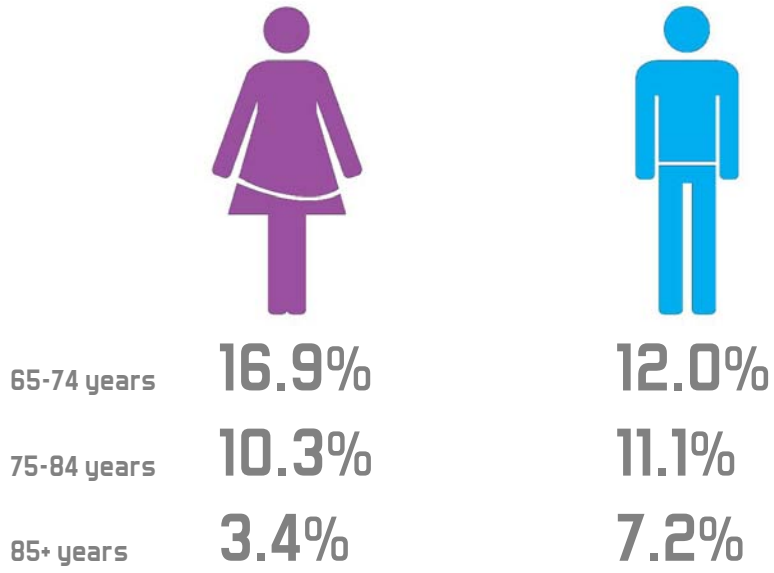
Of the Gen08 respondents aged 45-64 in Victoria and New South Wales, 74% of men and 31% of women indicated that they worked full-time, a difference in ratio greater than 2:1; 10% of men and 37% of women indicated that they worked part-time, a difference in ratio of almost 1:4.

Of those aged 65-74, 18% of men but only 5% of women indicated that they worked full-time. But of those indicating part-time work there was almost parity, with marginally more men than women indicating that they worked part-time: 21% of men and 17% women.

Of those aged 75-84, less than 2% indicated that they worked full-time; 13% of men and 5% of women indicated that they worked part-time.

Many older people make a valuable contribution to society through various forms of voluntary work. Older people are often the main carers for other older people, in particular for ailing spouses. Many 65 to 74 year olds are caring for their aged parents, while some are supporting their adult children by caring for grandchildren. Within this age group, 17% of women and 12% of men indicated in the census that they provide unpaid assistance to a person with a disability. Government and community planning and funding depend upon the assumption that people provide informal care to others, particularly to other older people.

Figure 16: Jewish population aged 65 and over, provide unpaid assistance to a person with a disability, proportion by gender and age group, Victoria and New South Wales



Source: ABS, 2006 Census

Financial circumstances

The 2011 Productivity Commission draft report, *Caring for Older Australians*, highlights a significant change in the population of older Australians. When compared to those who entered retirement in earlier decades, they are relatively more affluent as a group: 'The distribution of wealth has been shifting towards older Australians since the mid-1980s and these trends are expected to continue over the next few decades. Indeed, older people in the future are likely to have significantly more wealth in real terms than previous older cohorts'.[3]

But discussion in terms of the average masks major differences in wealth: the average net worth of the wealthiest quarter of baby boomers (currently aged 45 to 65) is $910,400; the net worth of those in the bottom quarter, an average $68,300, is less than 10% of the average for the wealthiest quarter, a differential in wealth of more than 10:1.

[3] Productivity Commission, *Caring for Older Australians,* Draft Report, January 2011, p. 58

Figure 17: Jewish population aged 65-84, individuzal weekly income, Victoria and New South Wales

Source: ABS, 2006 Census

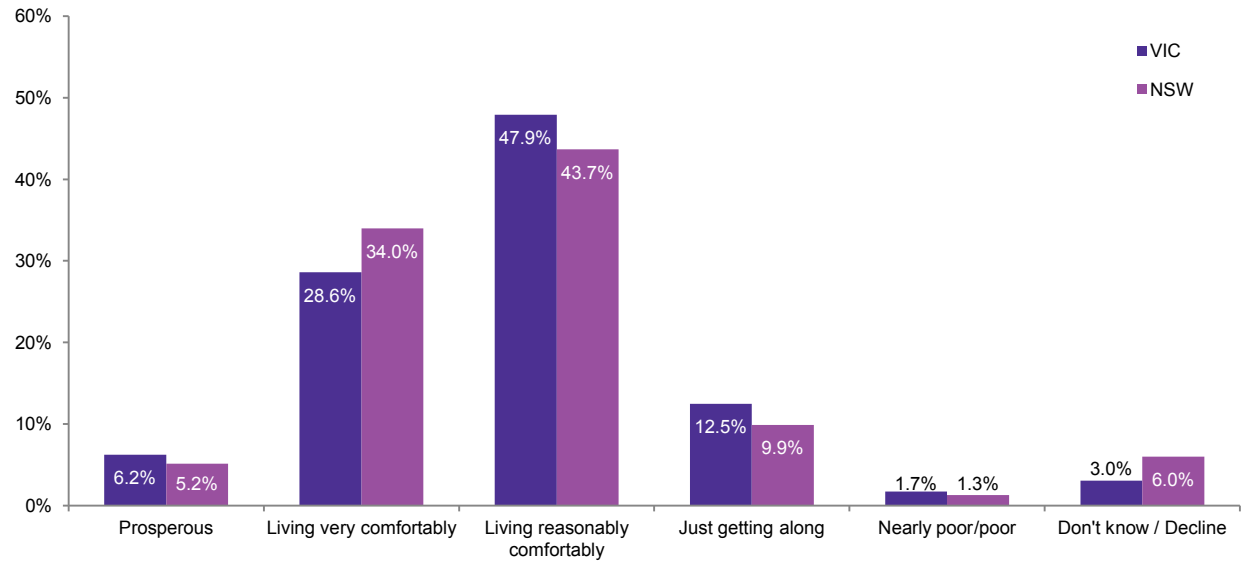
Almost one-third of those aged 65-84 in Victoria indicated individual weekly income of less than $250; close to 30% indicated weekly income in the range $250-$599; 12% in the range $600-$999; and 17% at the level of $1000 per week or higher; while 10% failed to indicate income.

In the Jewish population of New South Wales there is indication of marginally higher average income. Thus 27% indicated individual weekly income of less than $250; 27% indicated weekly income in the range $250-$599; 14% in the range $600-$999; and 24% at the level of $1000 per week or higher; while 8% failed to indicate income.

Among those aged 85 and over, 33% in Victoria and 21% in New South Wales did not indicate income, so incomplete data is available, limiting the value of comparison with the age group 65-84.

The Gen08 survey asked respondents aged 65 and over concerning their financial circumstances. The broad pattern of response in Victoria and New South Wales indicates that some 5%-6% considered themselves to be ‘prosperous’; around 30% that they were ‘living very comfortably’, with a slightly higher proportion in New South Wales; close to 45% that they were ‘living reasonably comfortably’; and 11%-14% that they were ‘just getting along’ or ‘were nearly poor’ or ‘poor’.

Figure 18: Jewish population aged 65 and over, financial circumstances today, Victoria and New South Wales

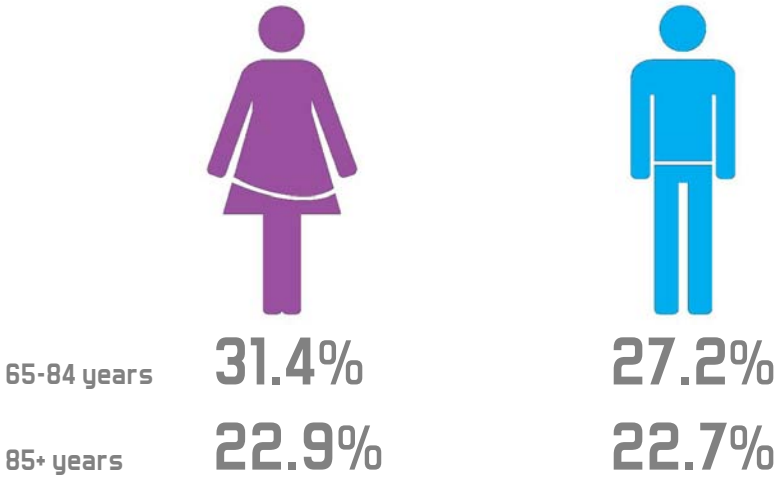


Source: Gen08 Survey

Currently men born in 1940 or later are eligible for the Age Pension at age 65, women at age 62, with a current phasing in of increase age of eligibility, to reach age 67 in 2022. Pensions are subject to a means test. In March 2011 the weekly full-pension rate was $335.45 for individuals and $252.85 each for married couples.

When income is considered by gender, there are more women than men aged 65-84 indicating weekly individual below $250: 31% men and 33% women in Victoria, 24% men and 30% women in New South Wales. This pattern is repeated among those indicating income in the range $250-$599. Marginally more men than women indicate income in the range $600-999, in Victoria 13% men and 11% women, in New South Wales 16% of men and 13% of women. Above $1000 per week, there is greater differentiation, with nearly twice as many men as women indicated income at this level: in Victoria 23% men, 13% women; in New South Wales, where a higher proportion indicated income at this highest level, 31% were men and 18% women. A higher proportion of women failed to indicate their individual weekly income.

Figure 19: Jewish population aged 65 and over, individual weekly income less than $250, proportion by gender and age group, Victoria and New South Wales



Source: ABS, 2006 Census

Provision for retirement

The Gen08 survey asked respondents aged 50 and over concerning level of confidence that 'you (and, if applicable, your spouse) will have enough money to live comfortably throughout your retirement years?' In almost identical proportions in Melbourne and Sydney, some 20% of those aged 50-64 and 11%-12% of those aged 65-74 indicated that they lacked confidence in their financial security.

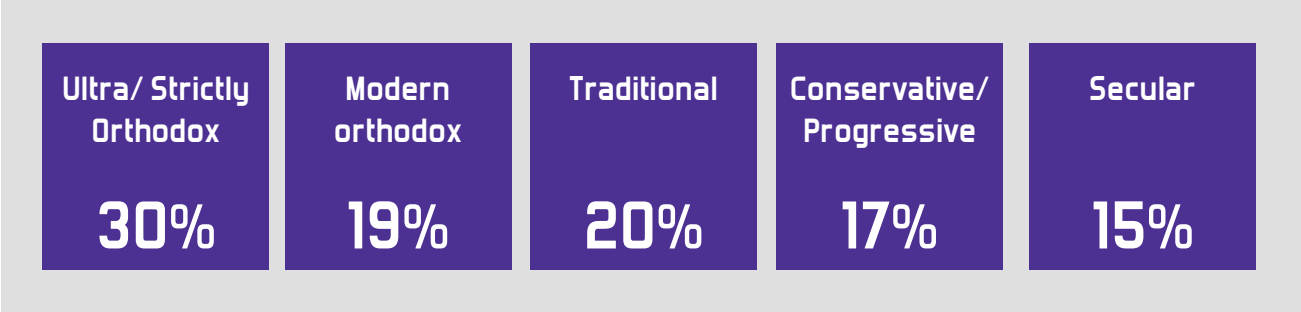
Figure 20: Jewish population aged 65 and over, lack of confidence in adequacy of financial resources for retirement, by age group, Victoria and New South Wales

Source: Gen08 Survey

Consideration of responses of those aged 45-64 by religious identification, with data combined for Melbourne and Sydney to increase reliability of the sample, indicated some variation, but within a relatively narrow range. Those indicating that they lack confidence in adequacy of financial resources for retirement were 30% of those who

identify as Ultra and Strictly Orthodox, 19% Modern Orthodox, 20% Traditional, 17% Conservative/Progressive, and 15% Secular.

Figure 21: Jewish population aged 45-64, lack of confidence in adequacy of financial resources for retirement, by age group, Victoria and New South Wales



Source: Gen08 Survey

Housing

Ownership of housing is an important variable when the position of the elderly population is considered. Those who own their homes are more able to cope financially if they are reliant on a government pension than those who pay rent. Those who own homes are also in a better position if they find it necessary to go into supported accommodation, which can require the payment of a substantial bond. The Australian Institute of Health and Welfare in its 2004 report titled *Older Australians at a Glance*, flagged increased home rentals for older people, especially in the over 85 age group as a potential problem.[4]

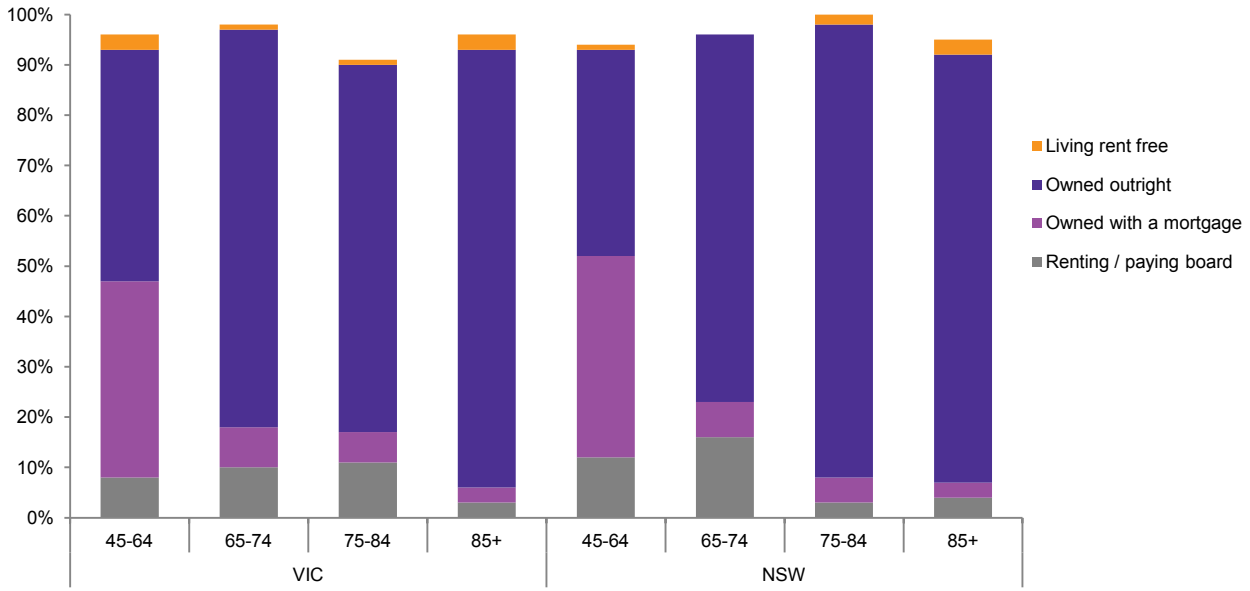
Housing data is taken from the Gen08 survey, and hence is a sample rather than a full count of those who identify as Jewish. The survey may over-represent the proportion owning their own homes outright, but this cannot be determined with the currently available data.

The survey indicates a pattern whereby a large proportion of the Jewish population over the age of 65 own their homes outright.

Of those aged 45-64, those who have a mortgage and who own their homes are in almost equal proportion, with close to 40% in each category. But of those aged 65-74, between 70%-80% own their homes outright, less than 10% have a mortgage and 10%-15% are in rental accommodation. This pattern is in large measure consistent with the total Australian population, with 14% above the age of 65 in rented accommodation.[5]

[4] Australian Institute of Health and Welfare, *Older Australia at a Glance*, 4th Edition, ed. Australian Institute of Health and Welfare, Canberra: Australian Institute of Health and Welfare, 2007.
[5] Productivity Commission, *Caring for Older Australians,* Draft Report, January 2011, p. 302

Figure 22: Jewish population aged 45 and over, residential status, Victoria and New South Wales



Source: Gen08 Survey

Birthplace groups and financial position

One important consideration in provision for the elderly, including appraisal of need, is national or ethnic background, and of the overseas born, their time of arrival and length of residence in Australia prior to retirement.

Among those aged 65 and over, those born in the Former Soviet Union (FSU) are distinguished by a number of indicators. Growing up under communist rule had a significant impact on knowledge of Judaism and Jewish identity of many who settled in Australia. Their time spent under authoritarian communist rule also left a legacy in their suspicion of government and authority.

Many arrived in the 1980s and 1990s – that is, within the last 30 years. Most came with few financial resources and many experienced difficulty in obtaining recognition of qualifications and work in their former professions. Many came with little or no English language competence and many gained entry under special immigration provisions which meant that they were able to gain entry into Australian more easily than to resume former professions.

There are some significant contrasts with other recent immigrants, notably those from South Africa and Israel.

South African immigrants are from an English-speaking country; many had funds which they were able to transfer to Australia, although often at considerable loss; graduates of South African universities had more chance of obtaining recognition of qualifications, while others in greater proportion were successful in establishing themselves in business. They came from an environment rich in Jewish learning and many attended Jewish day schools in

Johannesburg, Cape Town and other cities. The South African immigrants are characterised by a strong Jewish identity, their community orientation and success in establishing synagogues.

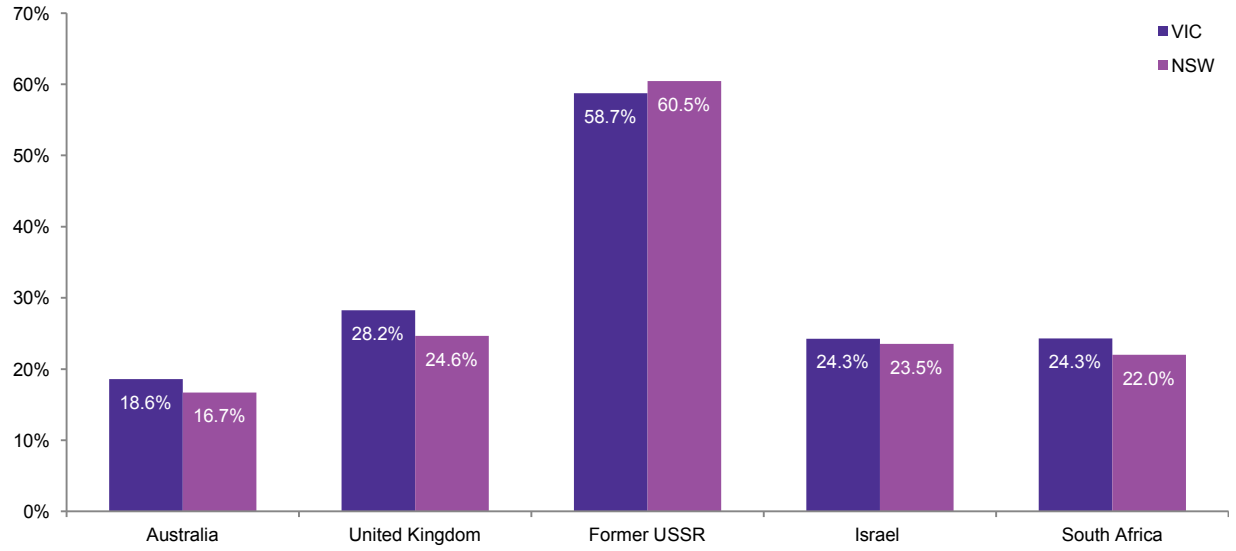
Immigrants from Israel come from a country in which English is widely used and in which English language programs are widely available on cable television. Those who have migrated to Australia in recent decades have had to pass stringent immigration controls, which require them to posses highly regarded qualifications which have enabled many to obtain well paid employment. Many Israelis in Australia form sub-groups, more attracted to each other's company than to the mainstream Jewish communities.

Gen08 and 2006 census data indicate that compared to other recent immigrant groups, those older people from the FSU are less affluent, less likely to own their homes, have a higher proportion who do not speak English well, are less identified as Jewish persons and less connected to the Jewish community. They have distinctive needs as they age and may not place the highest priority on receiving care from Jewish, as distinct from mainstream, service providers.

In Victoria, of those aged 65 and over, 59% of those born in the FSU indicate that they have individual weekly incomes of less than $250. This compares with 19% born in Australia, 24% born in Israel and 24% born in South Africa. The pattern is closely matched in New South Wales. 61% of those born in the FSU indicate individual weekly incomes of less than $250, 17% born in Australia, 24% born in Israel and 22% born in South Africa.

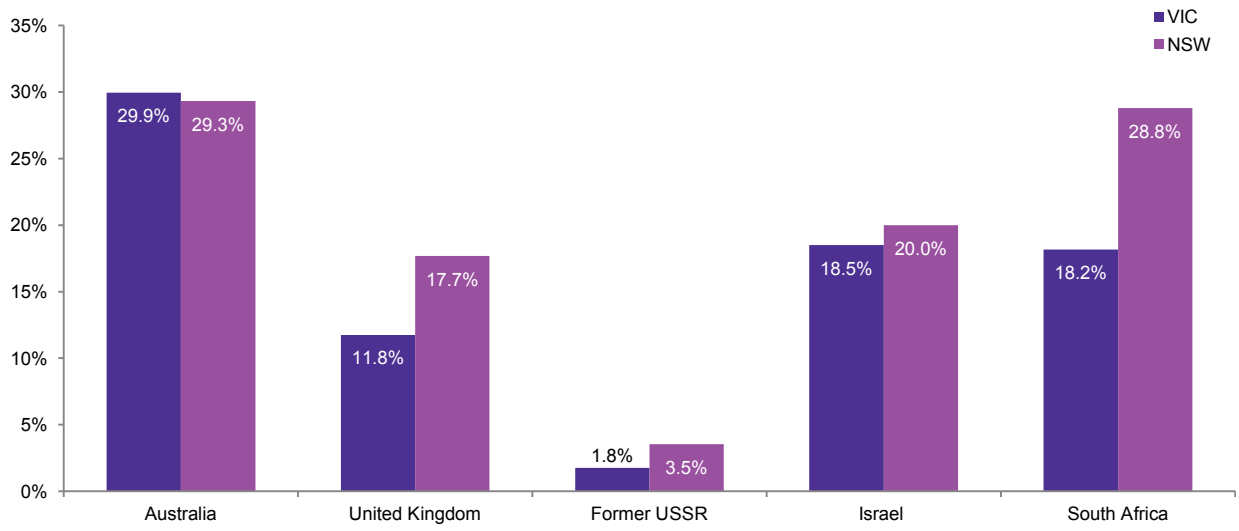
Conversely, only 2% of those born in the FSU and resident in Victoria indicate individual weekly income in excess of $1000. This compares with 30% of those born in Australia, 19% in Israel and 18% in South Africa. The pattern for New South Wales is again closely matched, with minor variation for those born in Israel and South Africa. Thus 4% from the FSU indicate income in excess of $1000, 29% of Australia-born, 29% of those born in South Africa and 20% born in Israel.

Figure 23: Jewish population aged 65 and over, individual weekly income less than $250 by country of birth, Victoria and New South Wales



Source: ABS, 2006 Census

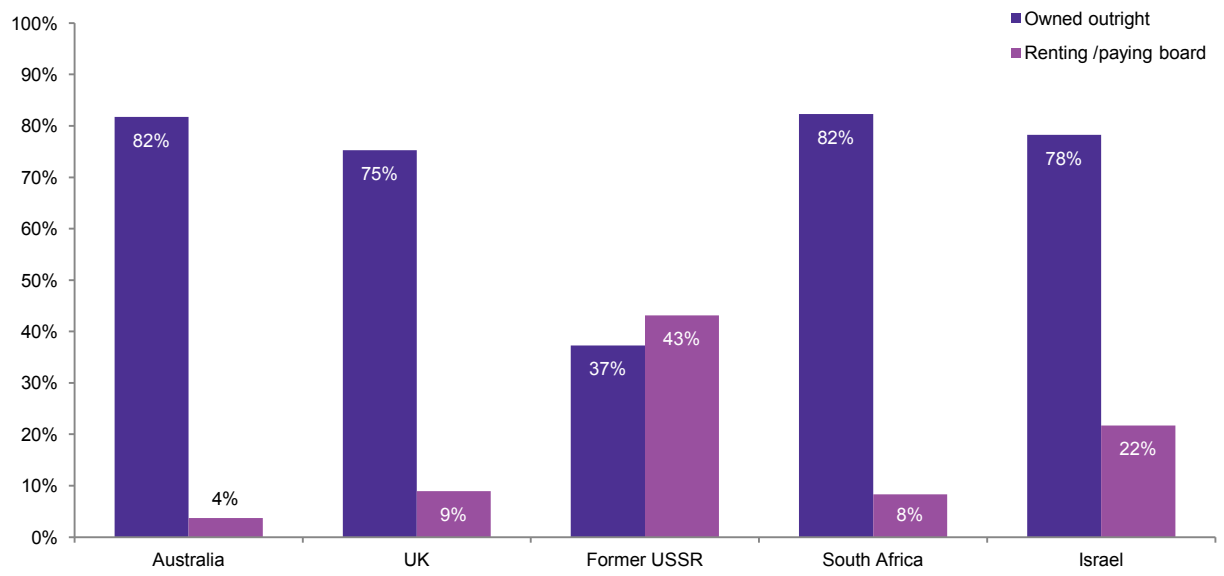
Figure 24: Jewish population aged 65 and over, individual weekly income more than $1000 by country of birth, Victoria and New South Wales



Source: ABS, 2006 Census

With regard to home ownership, which, as has been noted, is a key variable for financial security in retirement, Gen08 survey data indicates that for those aged 65 and over, 82% of those born in Australia own their homes outright, 82% born in South Africa, 78% born in Israel, 75% born in the United Kingdom, and 37% born in the FSU. Of those born in the FSU, a high proportion, 43%, are in rental accommodation. This compares with 22% of the Israel born, 8% born in South Africa and 4% born in Australia.

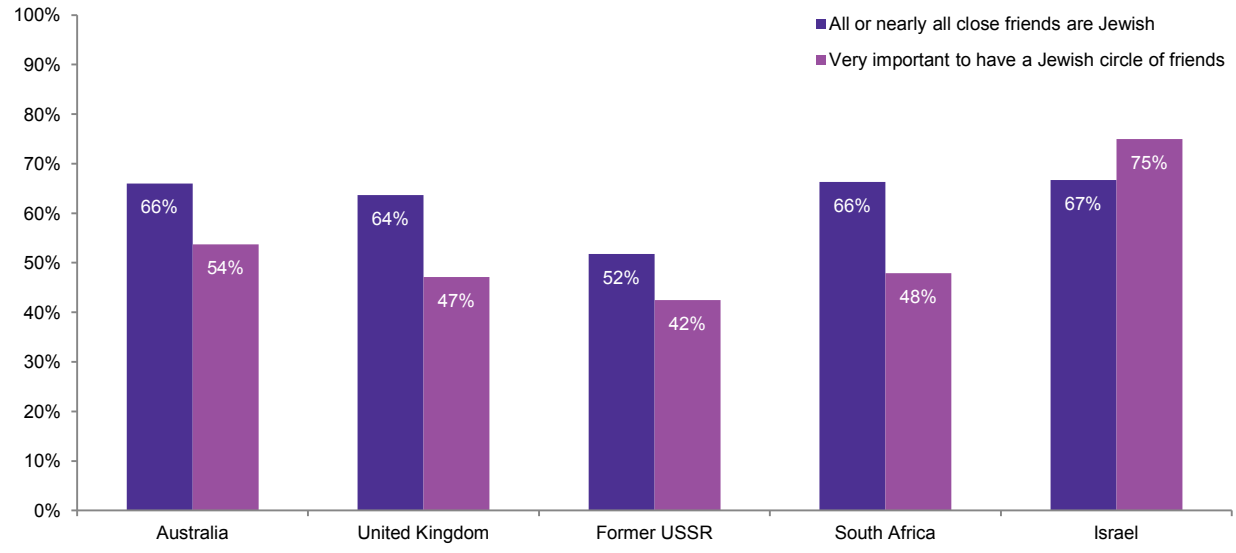
Figure 25: Jewish population aged 65 and over, selected residential status by country of birth, Victoria and New South Wales



Source: GEN08 Survey

Of those aged 65-84 and resident in Victoria or New South Wales, 66% of respondents born in Australia indicated that 'all' or 'nearly all' of their close friends were Jewish, compared to 52% of those born in the Former Soviet Union, 66% born in South Africa, 64% born in the United Kingdom and 67% born in Israel. Those born in the Former Soviet Union also gave a lower rating to the importance of 'a Jewish circle of friends': 35% of those aged 65-74 considered it to be 'very important', compared to 45% born in South Africa, 50% born in Australia, and 82% born in Israel.

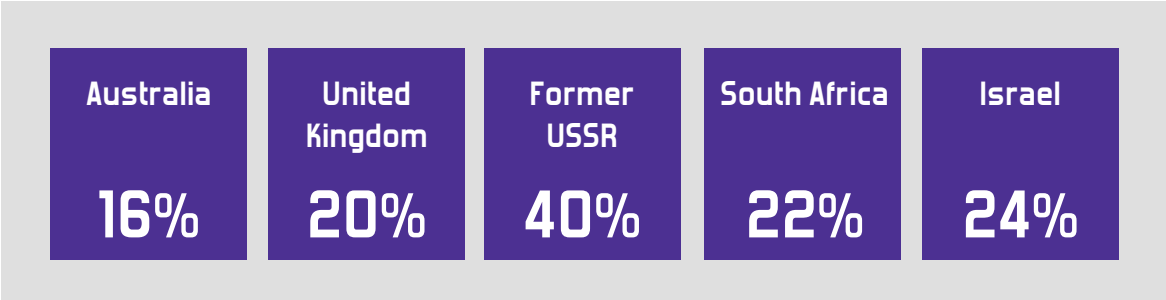
Figure 26: Jewish population aged 65-84, friendship patterns and perceived important of a Jewish circle of friends by country of birth, Victoria and New South Wales combined



Source: GEN08 Survey

When those aged 45-64 were asked concerning level of confidence that they 'will have enough money to live comfortably throughout your retirement years', 40% of respondents from the Former Soviet Union indicated lack of confidence, compared with 24% of those born in Israel; 22% born in South Africa; 20% born in the United Kingdom and 16% born in Australia.

Figure 27: Jewish population aged 45-64, lack of confidence in adequacy of financial resources for retirement by country of birth, Victoria and New South Wales combined



Source: Gen08 Survey

Household composition

Living arrangements are an important factor in the wellbeing of older people because they indicate potential for support – or isolation and loneliness. In many cases, the primary carer in the event of illness or physical disability of an older person is the spouse. The increased likelihood of widowhood among older people will result in increased need for home support services. There are fewer men aged 75 years and older living alone in private dwellings, but they are more often in need of assistance than females living in equivalent circumstances.

The number of people living alone increases as people age. The Gen08 survey indicates that in Victoria, some 21% of the respondents to the Gen08 Survey aged 65-74 lived alone; this proportion increased to 26% of those aged 75-84 and 50% of respondents aged 85 years and older.

There was a similar pattern in NSW, where 20% of respondents aged 65-74 lived alone, 26% aged 75-84 and 56% of those aged 85 years and older.

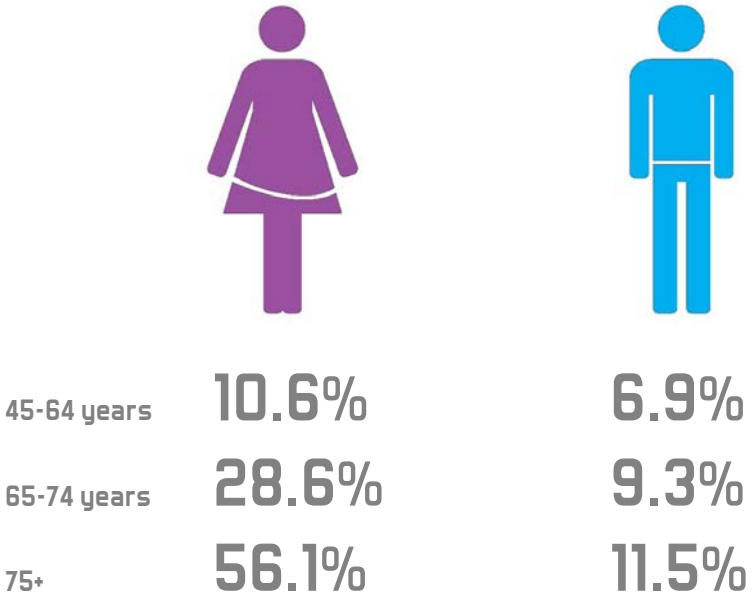
When these proportions are compared to census data for the Australian population, the proportions by age group indicate a large measure of consistency, with most variation in the 75-84 age group. Thus Gen08 data indicates that 20%-21% aged 65-74 are living in lone person households, the same proportion as in the total population as indicated by the census; 26% aged 75-84 lived in a lone person household according to Gen08, 34% according to the census. Of those aged 85 and over, 50% in Victoria and 56% in New South Wales lived in a lone person household according to Gen08, 48% according to the census.

The census indicated that women aged 75 and over are considerably more likely to live alone than men. Gen08 data indicates 12% of men and 56% women aged 75 and over live on their own

Figure 28: Jewish population aged 65 and over who live alone, Victoria and New South Wales

Source: Gen08 Survey

Figure 29: Jewish population aged 45 and over who live in a lone person household, by gender and age group, Victoria and New South Wales combined



Source: Gen08 Survey

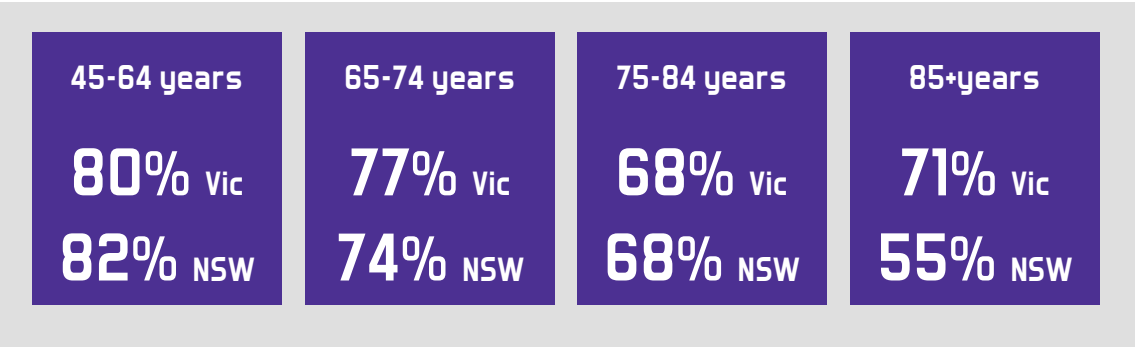
Health

Health, especially ill health, can have an important impact in people's lives generally, and may impact more so as people age. Deterioration in the health of older people can result in loss of independence affecting, among other things, people's care needs, their housing arrangements, their financial security and their emotional well being.

As to be expected, personal satisfaction with health decreases as people grow older.

The Gen08 survey asked people to indicate their levels of satisfaction with their health. The problem with obtaining this form of information from a survey is that those with significant health problems are not likely to be in a position to complete the survey, so the data is likely to be less reliable for older age groups, where health problems impact on a larger proportion of the population. In addition, people's perception of their own health is both subjective and variable. While these important qualifications need to be noted, the survey data indicates a high level of satisfaction with health, with a steady but not sharp fall in the indicator of satisfaction. In New South Wales 82% of those aged 45-64 are satisfied with their health, 74% of those aged 65-74, 68% aged 75-84, and 55% aged 85 and over.

Figure 30: Jewish population aged 45 and over, satisfied with their health by age group, Victoria and New South Wales



Source: Gen08 Survey

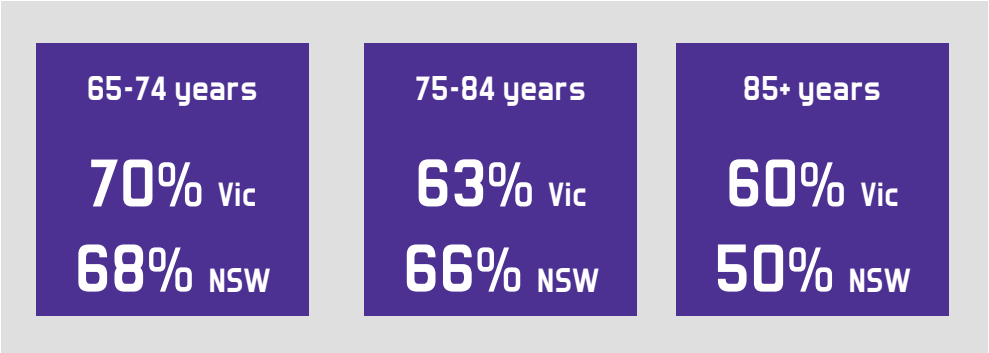
More information is required about people's health and their lifestyle in order to provide effective planning for the ageing Jewish community. As a step towards this end, Gen08 asked respondents a range of questions concerning their health.

Good health is often the result of lifestyle and Gen08 collected data on the extent of exercise that people engage in. Daily exercise was indicated by 15% of those aged 45-65; this proportion increases marginally for those over the age of 65, to almost 20%, and remained at that level for the older age groups.

Those in Victoria and New South Wales who indicate that they exercise every day or several times a week were 66% of respondents aged 45-64, 69% aged 65-74, 65% aged 75-84, with a fall to 55% aged 85 and over.

Those who indicated that they do not exercise at all or only 'every few months' were around 15% of respondents to the age of 84 and over 25% of those aged 85 and over, with a further 6% indicating that they did not know or declined to answer.

Figure 31: Jewish population aged 65 and over, exercise every day or several times a week by age group, Victoria and New South Wales

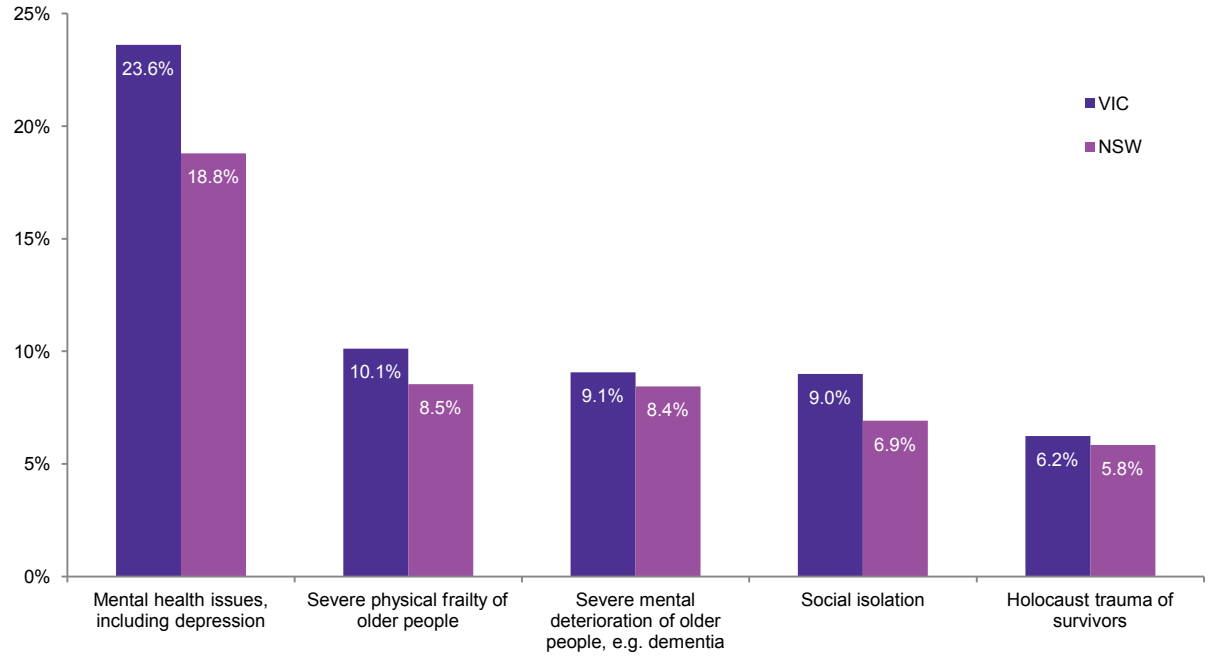


Source: Gen08 Survey

When asked questions concerning level of satisfaction with 'access to health care', close to 90% of those aged 45-84 indicated that they were 'very satisfied' or 'satisfied', and close to 85% of those aged 85 and over.

Gen08 also asked respondents if they had experience of mental and physical problems within their immediate families, defined as partner, brother, sister, children and parents. Given the survey context (length of the survey, number of options, complexity of the question) it was not possible to obtain details on the age of the person experiencing the specified problem. But a broad finding was obtained, indicating that across all age groups the major problem experienced (reported by more than 20% of respondents) related to mental health issues, including depression. This finding was consistent across all states, with the lowest proportion reported in NSW. With respect to issues specific to older people, close to 10% of respondents reported 'severe physical frailty of older people' and a similar proportion indicated 'severe mental deterioration of older people, e.g. dementia'. Holocaust trauma was indicated by close to 6% of respondents in Victoria and New South Wales, a lower proportion (close to 4%) in Western Australia and Queensland.

Figure 32: Jewish population (all respondents), specific problems experienced by self or immediate family member, Victoria and New South Wales



Source: Gen08 Survey

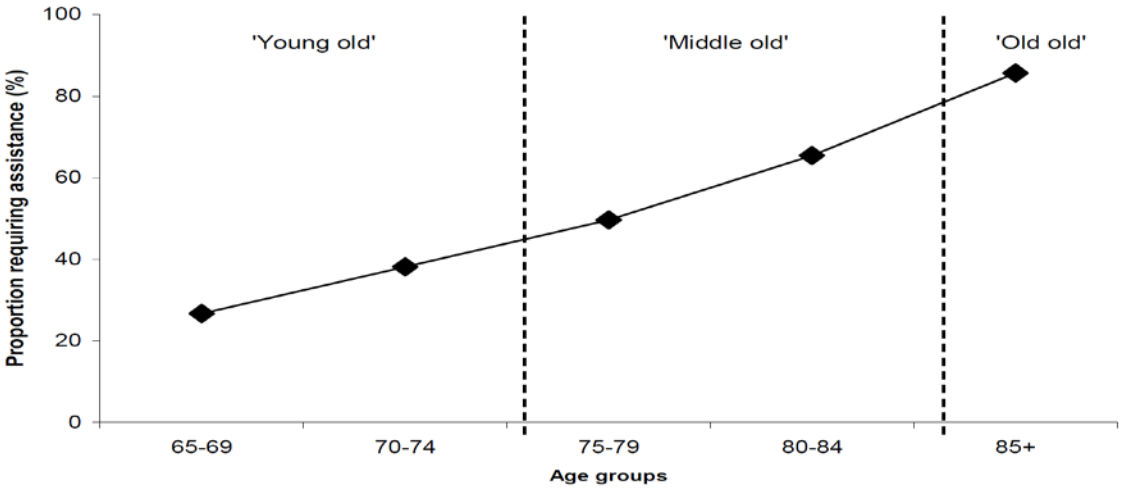
These findings are largely consistent for respondents aged 45-64, many of whom confront the problem of ageing of parents. The combined Victoria and New South Wales finding for this age group was that 12.5% indicated 'severe physical frailty of older people' and 11.6% indicated 'severe mental deterioration of older people.

Need for assistance

The specific impact of health issues among the elderly population changes over time. The Productivity Commission report noted that the impact of some diseases has been lessened by improvements in medical care and lifestyle. As people live longer, so the pattern of diseases changes. The prevalence of cardiovascular diseases, cancers and injuries among people aged 85 years and over has declined and will decline further in the coming decades. On the other hand, there is greater risk of diabetes as a higher proportion of the population is overweight. Also, with more surviving beyond the age of 85, there will be higher rates of age-related diseases, some of which are linked to dementia. As more people are surviving major diseases, there is a higher number with chronic conditions, with the consequence that more people will need palliative care extending over years.[6] Those requiring some form of assistance increases by around 15 percentage points for each five year increment in age. In the Australian population, 25% of those aged 65-69 need some form of assistance, 40% of those aged 70-74, 50% aged 75-79, 65% aged 80-84, and more than 80% of those aged 85 and over.

[6] Productivity Commission, *Caring for Older Australians,* Draft Report, chapters 1-5

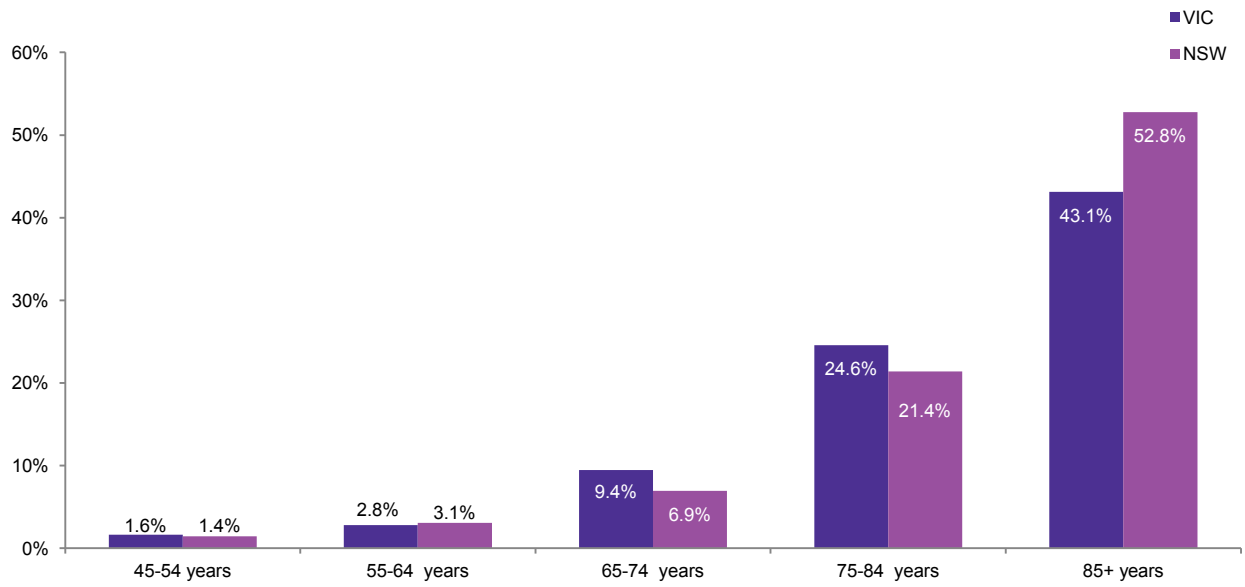
Figure 33: Australia, need for assistance by age of older person, 2003



Source: Productivity Commission, *Trends in Age Care Service*, Figure 2.2

About half these age specific proportions require assistance with core activities (communication, mobility or self-care), as distinct from a more generally defined form of assistance. Within the Jewish population of Victoria and New South Wales, under 10% of those aged 65-74 require assistance with 'core activities', close to 25% of those aged 75-84, and close to 50% of those aged 85 and over.

Figure 34: Jewish population aged 45 and over, proportion of Jewish elderly population requiring assistance with core activities by age, Victoria and New South Wales



Source: ABS, 2006 Census

Care provision

Gen08 (and earlier surveys) indicate that where possible older people prefer to remain in their own homes – this preference parallels attitudes in Australian society and is reflected in government policy. The levels of care required in the home ranges from basic support (cleaning, maintenance and modification, meal preparation and transport) to personal care (hygiene, dressing, monitoring)

Informal carers, that is, family (spouses, adult children, other relatives), friends and neighbours, are the backbone of the system providing on-going care and support to older people in their own homes. In the Jewish community informal care from family and friends is enhanced as many Jewish people live in close proximity to one another within the LGAs of Glen Eira, Port Phillip and Stonnington.

The Productivity Commission estimates that there were approximately 2.3 million people in Australia providing some level of informal care to the aged in 2006. The issue of gender is a significant factor in care provision. More daughters than sons are carers assisting with everyday living activities, although sons also provide support.

With increased age, informal care support diminishes. This is due to the death of spouses, relatives and friends. Further, as people age their family also ages, so adult children may be required to work to support their own retirement, including care for spouses, and to care for grandchildren, or they may themselves begin to experience deteriorating health.

A further relevant consideration is that the family structure has changed and includes a higher proportion of divorced families, step parents, and single person households. Adult children may have the care responsibility for a number of older people in addition to their own parents, ex parents-in-law, step parents or aunts and uncles.

Also of relevance is the relatively high geographic mobility within the Jewish community. Many elderly Jewish people have children who live in different countries, attracted by centres of Jewish population, or in different cities in Australia, further weakening care networks.

These factors complicate care provision. In the contemporary world relationships are more likely to be broken or disrupted in a context in which people have a greater likelihood of living beyond the age of 80.

Formal care

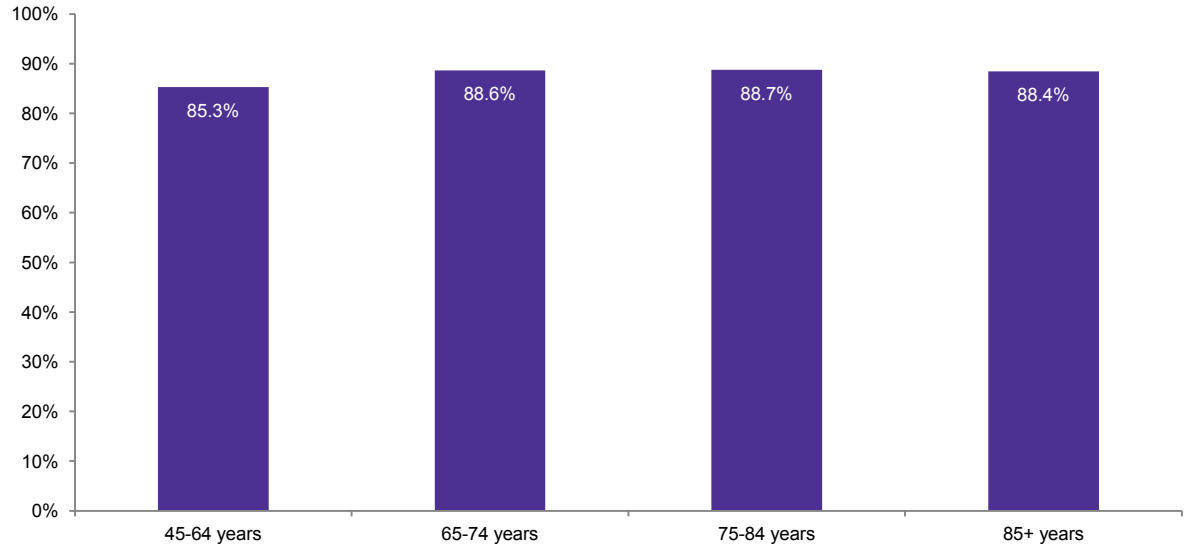
As people age, they may require specialist care provided by formal aged care agencies. Specialised care includes health and nursing, rehabilitation, dementia, continence, and palliative. Some of these services may be subsidised by government.

In 2009-10 Jewish Care Victoria reported that the majority of the community or 'at home' services provided by Jewish Care through its BlueStar and Kesher programs were for home care, personal care and respite care. Kesher provides services that enable older people to remain living at home. Government funding is provided where aged care assessment criteria are met. The median age for BlueStar and Kesher services was 85 years of age. Just under 50% of the users of the services were widowed and between 85-90% of the clients were born overseas. For many older people, these services are the first aged care specific services that they may utilise.[7]

Choice of aged care residential accommodation

Across the age groups 45-85+ there was a large measure of consistency of response when respondents were asked if they preferred to be cared for in their own home, cared for by relatives in their home, or cared for in a hostel or nursing home. More than 85% of respondents in Victoria and New South Wales (who were not already living in hostels or residential care) indicated that their first preference was to be cared for in their own home.

Figure 35: Jewish population aged 45 and over, first preference to be 'cared for in own home' by age, Victoria and New South Wales combined

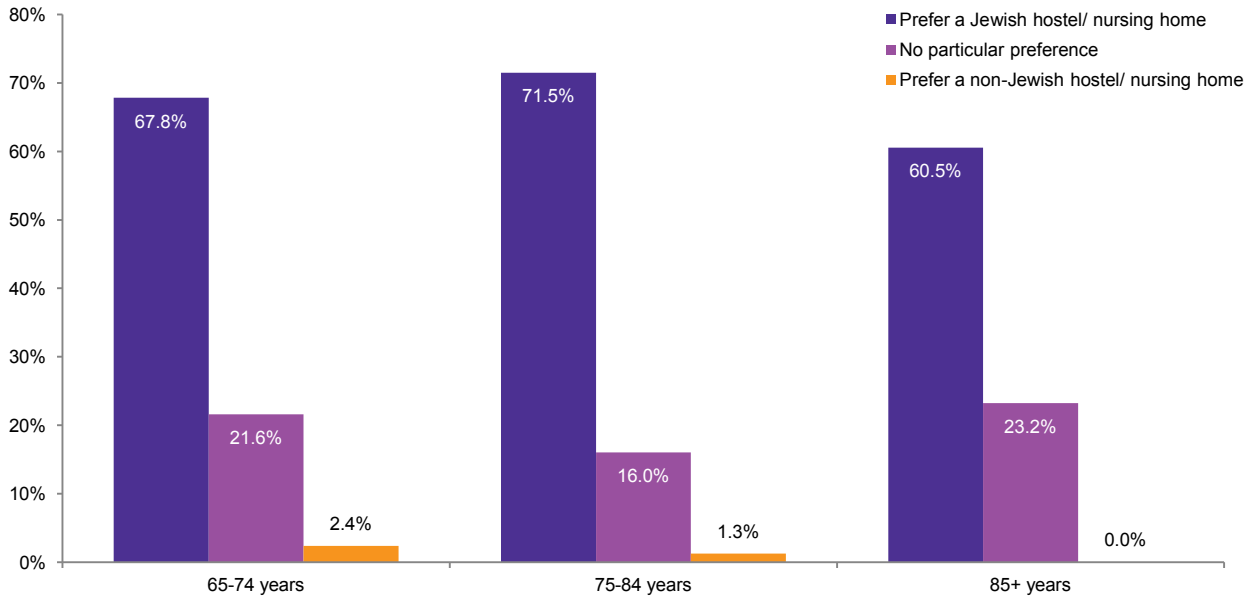


Source: Gen08 Survey

[7] Jewish Care, Services for Older People. Client and Residential Statistics and Demographics, July 2009-June 2010

The Gen08 survey also asked respondents 'if you were unable to care for yourself … would you prefer a Jewish or non-Jewish hostel or nursing home?' Close to 70% indicated preference for a Jewish hostel or nursing home, around 20% indicated no particular preference, and almost no respondents (average 2%) indicated a preference for a non-Jewish facility.

Figure 36: Jewish population aged 65 and over, preferred religious status of hostel/ nursing home, Victoria and New South Wales combined



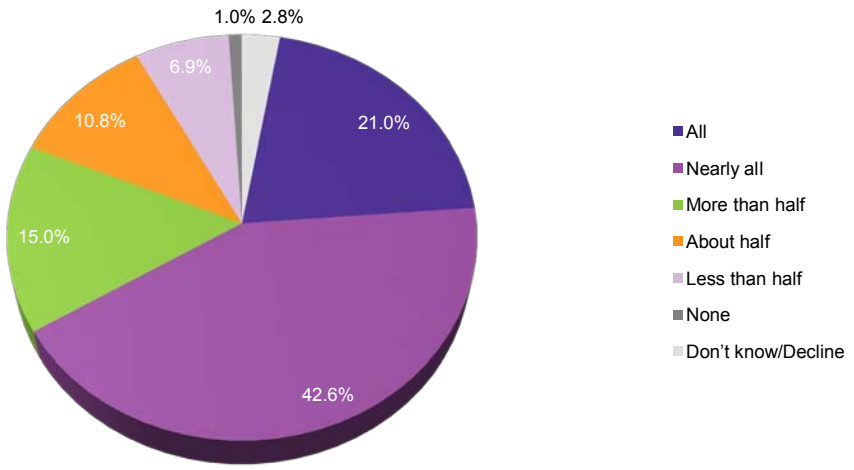
Source: Gen08 Survey

Jewish identification

There are a number of indicators of Jewish connectedness provided by the Gen08 survey.

First, respondents were asked about their friendship circles. There was a consistent pattern, whereby 60% and over indicated that 'all' or 'nearly all' of their friends were Jewish, with a marginally smaller proportion in Sydney than Melbourne. There was no consistent pattern of differentiation by age group. An average of 9% of respondents in Melbourne and 12% in Sydney indicated that 'about half' of their friends were Jewish, with an additional 8% in Melbourne and 10% in Sydney indicated that 'less than half' or 'none' of their friends were Jewish.

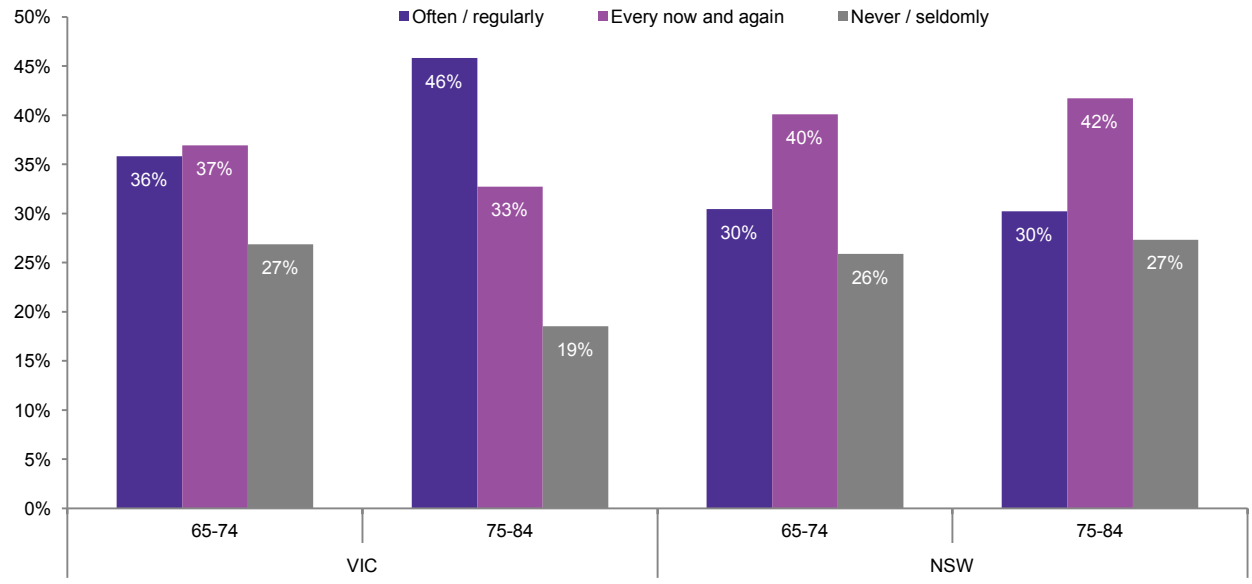
Figure 37: Jewish population aged 65 and over, friendship patterns ('Thinking of your close friends, how many of them are Jewish?'), Victoria and New South Wales combined



Source: Gen08 Survey

Second, indication was obtained of attendance at Jewish functions, other than religious events. The indication is that of those aged 65-74, 30%- 35% attend 'very regularly' and 'often', 35%-40% attend 'every now and again', and marginally above 25% attended 'seldom' or 'never'. Of respondents aged 75-84, a lower proportion in Victoria (under 20%) indicated 'seldom or 'never' and a correspondingly higher proportion indicated 'very regularly' and 'often' (46%), with little change in New South Wales between the two age groups.

Figure 38: Jewish population aged 65 and over, attendance at Jewish functions ('How often do you attend organised Jewish functions, other than religious events, whether social, cultural, educational or other?), Victoria and New South Wales

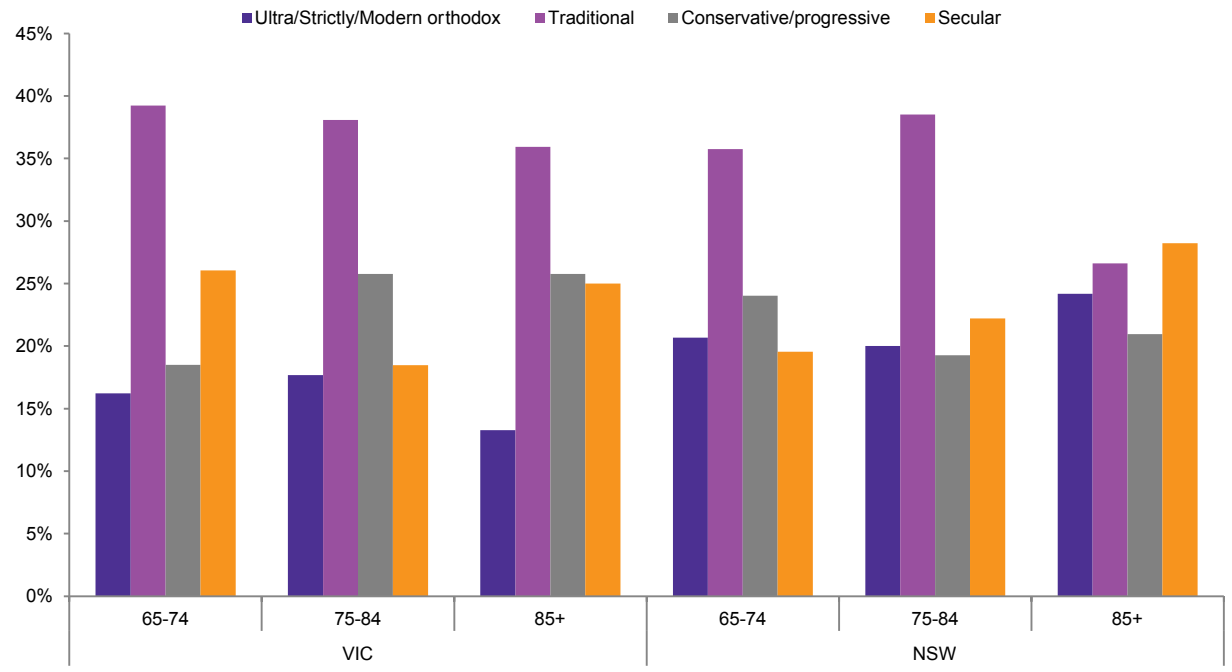


Source: Gen08 Survey

Third, with regard to support for Jewish appeals, respondents were asked if they had 'donated in the last twelve months to any specifically Jewish causes'. Close to 90% indicated that they had given a donation, the proportion indicating that they had not donated is very small; of those aged 65-74, 12% in Victoria, 8% in New South Wales. Of those aged 75-84 the proportion indicating that they had not donated was close to zero (2%-3%). More than half of respondents aged over 65 donated to both Israel and local Jewish causes.

Fourth, with regard to pattern of religious identification of those aged 65 and over, some 2% indicated that they were Ultra or Strictly Orthodox, around 14% in Melbourne and 20% in Sydney that they were Modern Orthodox. Those identifying as Traditional were 36%-39% of respondents in Melbourne, the same proportion aged 65-84 in Sydney, but a smaller proportion (27%) of those aged 85 and over. Those identifying as Conservative were under 5% and Progressive in the range 16%-21%, with a slightly higher proportion (19%-28%) identifying as secular.

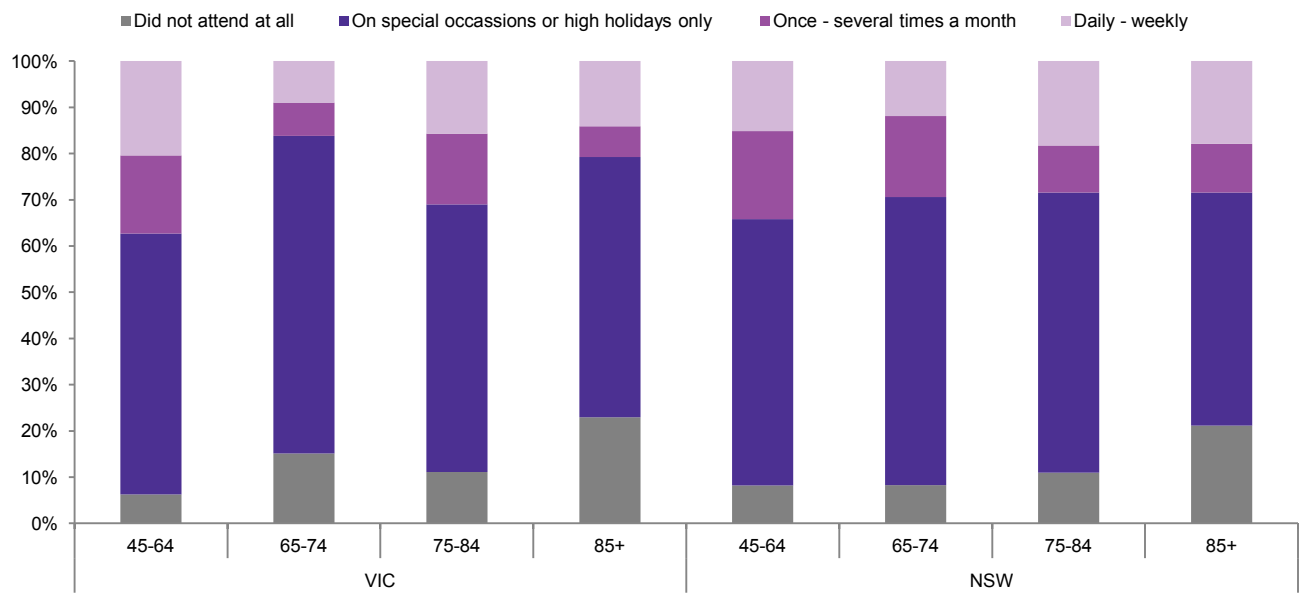
Figure 39: Jewish population aged 65 and over, religious identification by age, Victoria and New South Wales



Source: Gen08 Survey

When asked about frequency of synagogue attendance, of those aged 65-84 the broad pattern is that close to 20%-25% indicated that they attend at least once a month, over 40% attend on High Holy days and special occasions only, and over 25% do not attend at all or attend only on special occasions. When those aged 45-64 are included for comparison, an important finding is that there is indication of higher levels of religious identification and observance among this younger age group, which will be of significance for care provisions as the 'baby boomer' generation ages. Thus in Victoria, of those aged 45-64, 37% attend synagogue at least once a month, compared with 16% aged 65-74; in New South Wales the difference is less marked, with 34% aged 45-64 attending at least once a month, 29% aged 65-74.

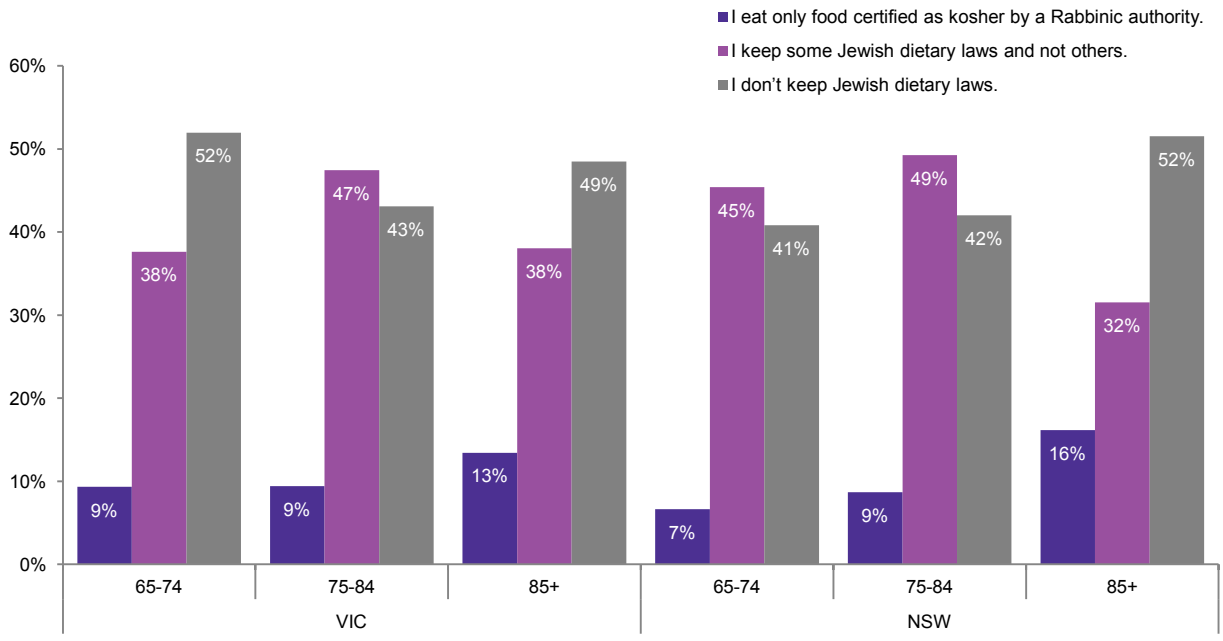
Figure 40: Jewish population aged 45 and over, frequency of attendance at synagogue by age, Victoria and New South Wales



Source: Gen08 Survey

Lastly, with regard to observance of Jewish dietary laws, around 10% of respondents aged 65 and over indicated that they ate only food certified as Kosher (but a higher proportion aged 85 and over, possibly indicating the provision of Kosher food in aged care facilities), an average of close to 40% kept 'some Jewish dietary laws but not others', and an of average close to 45% indicated that they did not keep Kosher at all.

Figure 41: Jewish population aged 65 and over, observance of Jewish dietary laws, Victoria and New South Wales



Source: Gen08 Survey

Population projections

Over the last decade, the proportion aged 65 and over has remained constant as a proportion of the total Jewish population; but in the context of a growing population, this means an increase in numerical terms.

In Victoria, between 1996 and 2006 the enumerated population aged 65 and over rose from 6,776 to 7,995, an increase of 1,219 persons; the estimated population aged 65 and over increased by 3,039 persons. Most of the increase occurred between 1996 and 2001, with little change between 2001 and 2006.

In New South Wales, between 1996 and 2006 the enumerated population aged 65 and over rose from 6,334 to 7,295, an increase of 961 persons., with slightly greater increase between 2001 and 2006.

Table 4: Enumerated Jewish population aged 65 and over by age group, 1996, 2001 and 2006, Victoria

Age	1996		2001		2006		Percentage difference 1996-2006
	Enumerated Total	% of total Victorian Jewish population	Enumerated Total	% of total Victorian Jewish population	Enumerated Total	% of total Victorian Jewish population	
65-74 years	3,309	9.2%	3,145	7.9%	3,073	7.4%	-7.1%
75-84 years	2,542	7.1%	3,414	8.6%	3,348	8.0%	31.7%
85+ years	925	2.6%	1,294	3.3%	1,574	3.8%	70.2%
Total aged 65+	6,776	18.8%	7,853	19.8%	7,995	19.2%	18.0%
Enumerated total population	35,963	100%	39,745	100%	41,614	100%	15.7%

Source: ABS, 2006 Census

Table 5: Enumerated Jewish population aged 65 and over by age group, 1996, 2001 and 2006, New South Wales

Age	1996		2001		2006		Percentage difference 1996-2006
	Enumerated Total	% of total NSW Jewish population	Enumerated Total	% of total NSW Jewish population	Enumerated Total	% of total NSW Jewish population	
65-74 years	3,256	9.9%	2,722	7.9%	2,984	7.7%	-8.4%
75-84 years	2,297	7.0%	2,784	8.0%	2,913	7.5%	26.8%
85+ years	781	2.4%	1,180	3.4%	1,398	3.6%	79.0%
Total aged 65+	6,334	19.3%	6,686	19.3%	7,295	18.9%	15.2%
Enumerated total population	32,850	100%	34,345	100%	37,127	100%	13.0%

Source: ABS, 2006 Census

The increase from 1996 to 2006 was most marked among those aged 85 and over, many of whom were Holocaust survivors. A person aged 85 in 2001 was born in 1916, aged 85 in 2006 born in 1921. Within this age group there

were relatively large numbers who escaped Nazi Germany – more than 8,000 arrived in 1938 and 1939, and larger numbers after 1945.

In Victoria, between 1996 and 2006 the enumerated population aged 85 and over increased from 925 to 1,574, representing an increase of some 70% within this age group. In New South Wales, the enumerated increase during these years among those aged 85 and over was from 781 to 1398, an increase of 79%.

Calculating population projections is always a hazardous exercise, and projections need to be treated with great care and checked whenever possible against the patterns revealed by the most recent Australian Bureau of Statistics data, notably the census findings. While projections cannot be made with certainty, projections for the population aged 65 and over are based on fewer variables than projections for younger age groups, being less impacted by the difficult to predict patterns of future immigration, changes in family size, and decisions to opt in or to opt out of the Jewish community. Important variables for older populations are the impact of possible emigration of children and the pattern of internal migration – will there be, for example, a large movement of people to the Gold Coast? If there is, then it would impact both on that region and the cities from which people move. But a net loss which is sustained (that is, people move and do not return at a later time) is less likely to occur in a population such as the Jewish community, which has strong interconnections, strong sense of community and range of institutions which involve and support the ageing population.

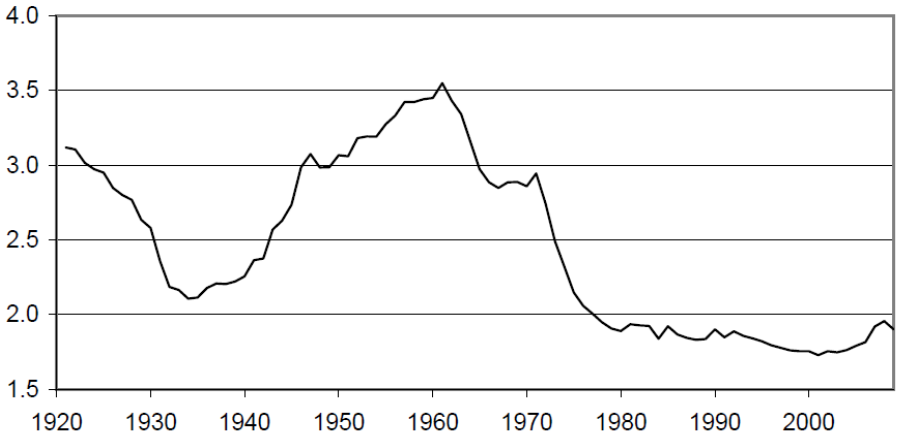
On the best available evidence at the time of writing of this report (May 2011) the expectation is that over the next fifteen years (to 2026) the number aged 85 and over will decline from the 2011 level; this is a function of the relatively low numbers in the population born between the late 1920s and 1945. The projection for Victoria is that the Jewish population aged 85 and over will decline from 2,534 to 2,436 to 2,199 in the years 2011, 2016 and 2021. For these years, the decline in New South Wales is projected to be from 1,775 to 1,628 to 1,487.

It is expected that there will be a marked increase in the population aged 65-74 from 2011 onward, and aged 75-84 from 2021 onward.

Explaining the population profile

Within Australia, the ageing of the population is in large measure a result of improvements in life expectancy. Of secondary significance is the impact of a marked increase in immigration between 1949 and 1970 and the higher fertility levels of the post-war years which produced what has become known as the 'baby-boomer' generation. The increased fertility in the post-war years is indicated in Figure 42.

Figure 42: Australia, total fertility rate, 1921-2009. Births per woman

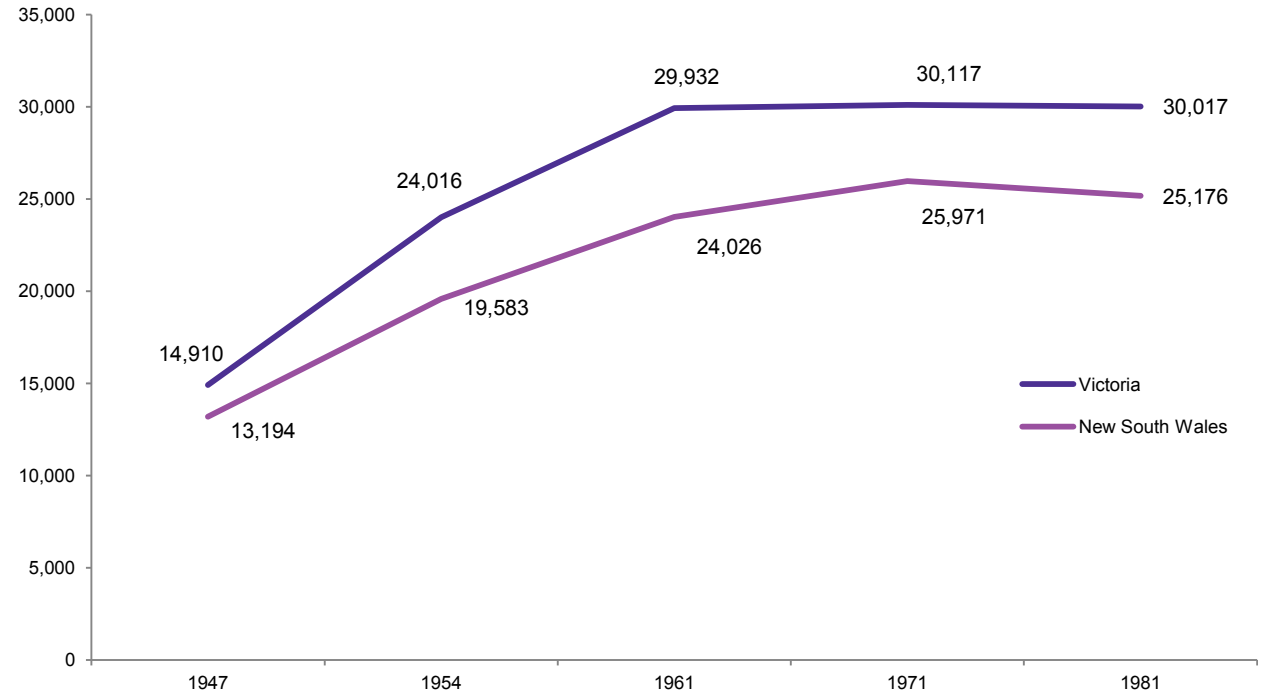


Source: ABS, Births, Catalogue number 3301.0, figure 2.1

As a result of these factors, the population aged 85 and over is projected to quadruple by 2050. Currently the population aged 85 and over comprises 1.64% of the total; by 2050 it is projected to comprise 5.06%.

Within the Jewish population, the impact of immigration and post-war fertility levels had even greater impact than in the total Australian population. In the aftermath of the Holocaust there was rapid family formation, a relatively high birth rate and a large number of Jewish migrants reached Australia. Between 1947 and 1961 the total Australian population increased by 28%; over these fourteen-years the enumerated Jewish population of Victoria increased by 101% (14,910 to 29,932) and that of New South Wales by 82% (13,194 to 24,026). After this period of rapid growth, the population stabilized for two decades, with practically no increase in population.

Figure 43: Enumerated Jewish population 1947-1981, Victoria and New South Wales

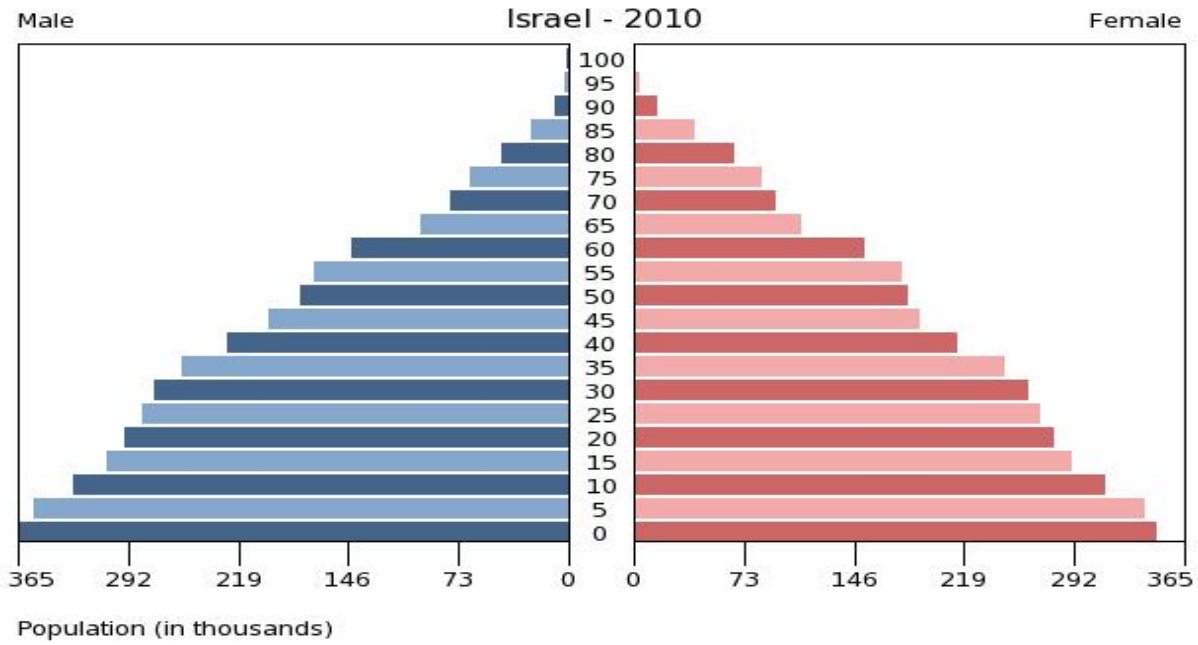


Source: ABS, Census 1947, 1954, 1961, 1971, 1981

As a result of the rapid population increase in the post-war years, there is a marked distortion in the age profile of the Jewish population. This is evident when, to take one example, the population distribution of Israel (Figure 44) is compared to that of the Jewish population of Victoria and New South Wales (Figures 46-47), to a lesser extent when compared to the total Australian population (Figure 45).

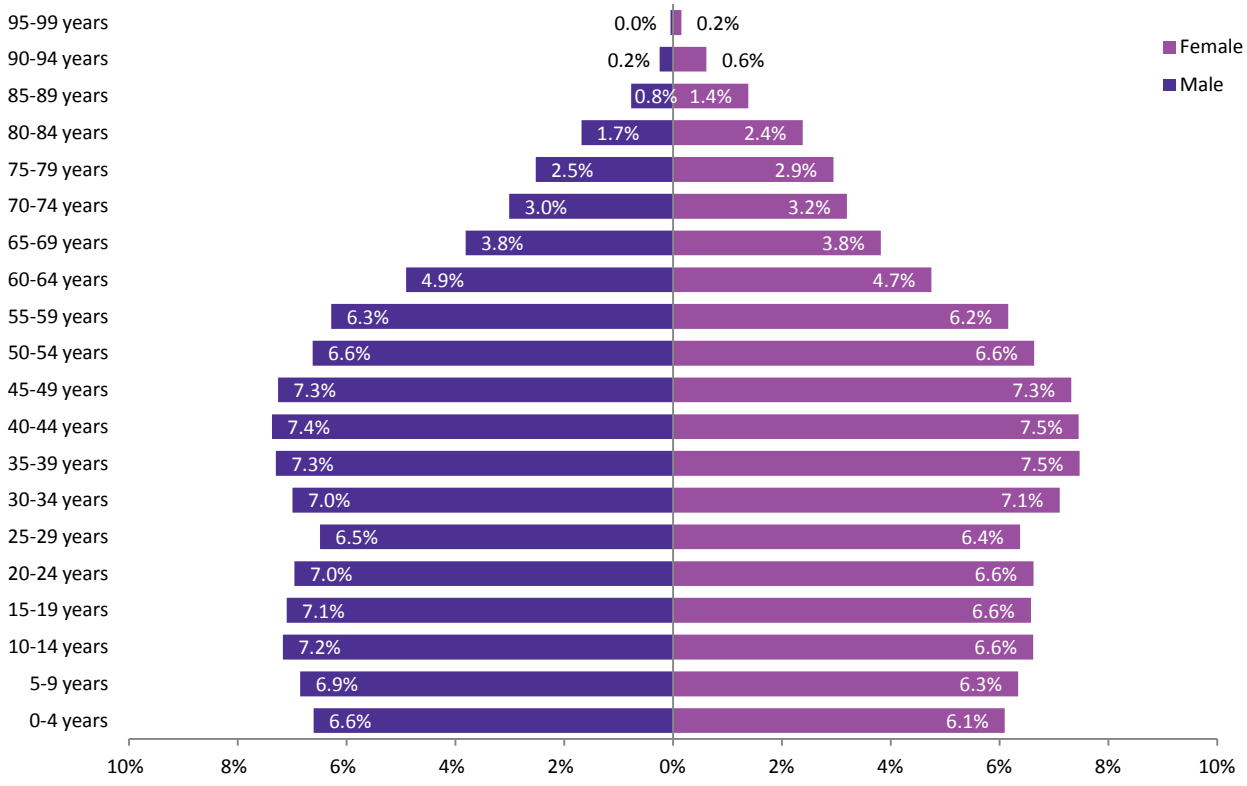
The distortion in the age profile is marginally greater in Victoria than New South Wales, for two reasons: a larger number of Jewish immigrants settled in Victoria than New South Wales in the post-war years, whereas New South Wales has received relatively more immigrants since 1981, a number of whom came with their teenage children. In New South Wales this has increased the relative proportions among those currently aged 30-49. As a consequence of these two factors, the proportion of the population in New South Wales aged 50-59 is to a minor extent balanced by more recent immigration. Thus in Victoria, 16.5% of the male population is aged 50-59, in New South Wales 15.7%; the relative proportions for the female population are 15.9% and 14.9%. Conversely, the proportion of the population aged 30-49 is 2 percentage points greater in New South Wales.

Figure 44: Population of Israel, five-year age intervals by gender, 2010



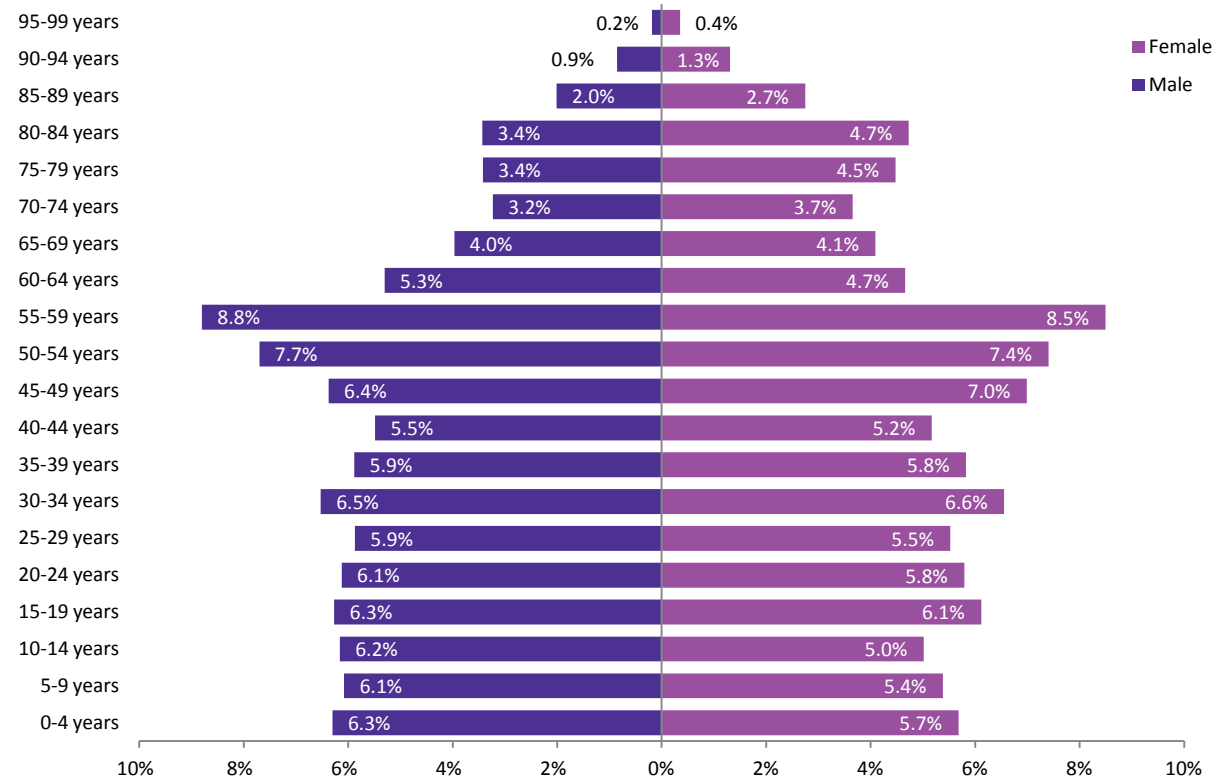
Source: US Census Bureau, International data base (accessed at http://www.d-transition.info/countries-glance-3/israel-122/)

Figure 45: Total Australian population, five-year age intervals by gender



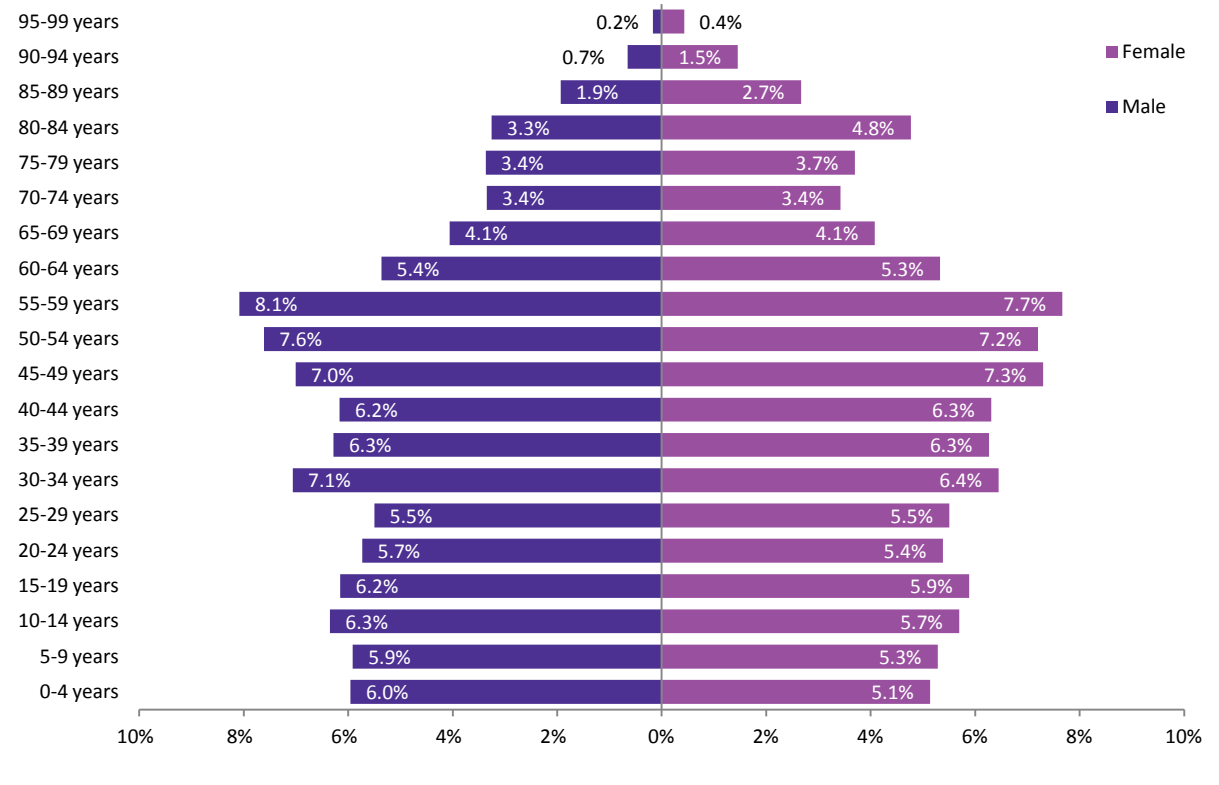
Source: ABS, 20006 Census (Cdata)

Figure 46: Jewish population, five-year age intervals by gender, Victoria



Source: ABS, 2006 Census (Cdata)

Figure 47: Jewish population, five-year age intervals by gender, New South Wales



Source: ABS, 20006 Census (Cdata)

At the time of the 2006 census, in the Jewish population the 'baby boomer' effect was at its peak among those aged 55-59 (born 1946-50), then 50-54 (born 1951-55). The impact of this population distortion may be likened to a wave which will pass through the community. In 2011, the crest of the wave will be represented by those aged 60-64; in 2016, 65-69; in 2021, 70-74; in 2026, 75-79; in 2031, 80-84; and in 2036, 85-89.

The years from 2011 onward will experience the impact of the increase in those aged 65-74. It is projected that in Victoria in 2011, the Jewish population aged 65-74 will be 5,092; it is projected to increase to 7,601 in 2016 and 8,919 in 2021; this represents an increase of 75% over the decade; in New South Wales, the projected increase will be from 3,796 to 5,916, an increase of 56%.

As the wave continues, the years from 2021 will experience the impact of the increase in those aged 75-84. It is projected that in Victoria in 2021, the Jewish population aged 75-84 will be 4,130; it is projected to increase to 6,361 in 2026 and 7,469 in 2031; this represents an increase of 81% over the decade; in New South Wales, the projected increase will be from 3,070 to 4,931, an increase of 61%. An increase in the population of this magnitude will put major pressure on community resources and funding, with the greatest impact in the decade of the 2030s as the population wave moves into age groups requiring more expensive care provision.

Table 6: Projected Jewish population aged 65 and over based on 2006 population estimates, Victoria

Age groups	2006	2011	2016	2021	2026	2031
65-69 years	2,391	2,860	4,908	4,260	3,851	3,250
70-74 years	2,043	2,232	2,693	4,659	4,072	3,703
Sub-total 65-74	4,434	5,092	7,601	8,919	7,923	6,953
75-79 years	2,374	1,811	2,008	2,449	4,283	3,776
80-84 years	2,458	1,905	1,487	1,681	2,078	3,693
Sub-total 75-84	4,832	3,716	3,495	4,130	6,361	7,469
85+ years	2,278	2,534	2,436	2,199	2,213	2,479

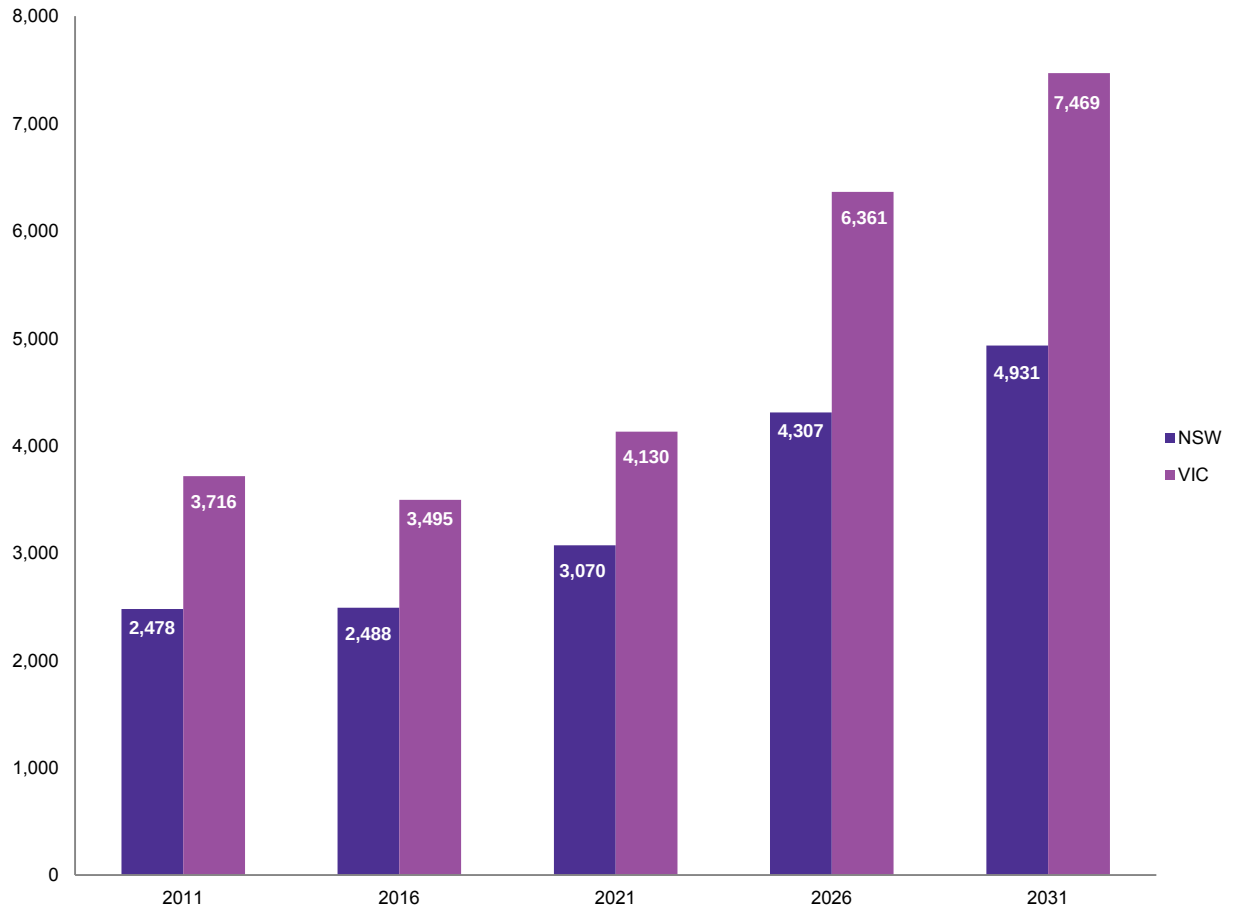
Source: Projections prepared by Dr Siew-Ean Khoo, Australian Demographic and Social Research Institute, Australian National University. The projections are based on increased life expectancy in line with Australian Bureau of Statistics modelling.

Table 7: Projected Jewish population aged 65 and over based on 2006 population estimates, New South Wales

Age groups	2006	2011	2016	2021	2026	2031
65-69 years	1,732	2,183	3,140	2,942	2,851	2,551
70-74 years	1,445	1,613	2,053	2,974	2,805	2,733
Sub-total 65-74	3,177	3,796	5,193	5,916	5,656	5,284
75-79 years	1,506	1,276	1,446	1,864	2,727	2,592
80-84 years	1,726	1,202	1,042	1,206	1,580	2,339
Sub-total 75-84	3,232	2,478	2,488	3,070	4,307	4,931
85+ years	1,590	1,775	1,628	1,487	1,524	1,781

Source: Projections prepared by Dr Siew-Ean Khoo, Australian Demographic and Social Research Institute, Australian National University. The projections are based on increased life expectancy in line with Australian Bureau of Statistics modelling.

Figure 48: Projected Jewish population aged 75-84, based on 2006 population estimates, Victoria and New South Wales



Government policy

Many older people and their families have difficulty dealing with the aged care system in Australia. They are initiated into the system at a time of stress when they or a member of their family becomes unable to independently care for themselves as a result of a slow deterioration in health, as a more sudden consequence of an illness or an operation, or as a result of the inability or the death of a spouse or other person who acted as a carer. The aged care system, including the role of the Jewish community within that system, is often reactive, responding to the changing demands and needs of the growing number of older people.

Many changes took place in the delivery of health and welfare services in the 1970s and 1980s. The ones of major importance were:

- Means testing of aged pensions;
- Means testing or targeting of a range of health and welfare services to ensure that the most needy received services;
- Introduction of Aged Care Assessment Teams/Services (ACATS) to assess eligibility for a range of aged care services;
- Introduction of a requirement for consumers to make a co-contribution to receive services;
- Introduction of the Superannuation Guarantee Scheme to ensure that more people were able to fund their own retirement;
- Private, not for profit and government organisations competing with each other to provide services;
- Increased focus on community based services as an alternative to institutional based services, such as residential aged care.

The *Aged Care Act 1997* heralded a series of radical changes to the delivery and organisation of aged care services. The Act and the articulation of *Aged Care Principles* focused on the delivery of high quality care and accommodation for older people in residential aged care facilities and those receiving community based services.[8] The *Act* saw the introduction of the *Resident Classification System (RCS)* and the establishment of the *Aged Care Standards and Accreditation Agency (ACAA)*. The phasing in of building certification prescribed minimum requirements for residential aged care facilities. The specific provisions were:

- **Resident Classification System (Aged Care Funding Instrument (ACFI)**. The rate of government subsidy that homes receive is based on the aged care provider's appraisal of each resident's care needs. The Aged Care Funding Instrument (ACFI) replaced the Resident Classification Scale (RCS) as the mechanism to allocate this Government subsidy from 20 March 2008.
- **Aged Care Accreditation Agency.** Aged care homes required accreditation under Accreditation Standards for Residential Aged Care in order to receive subsidies from the Australian government. The standards covered management, care, lifestyle, quality and safety issues.

[8] More information about these requirements can be found at www.agedcareaustralia.gov.au

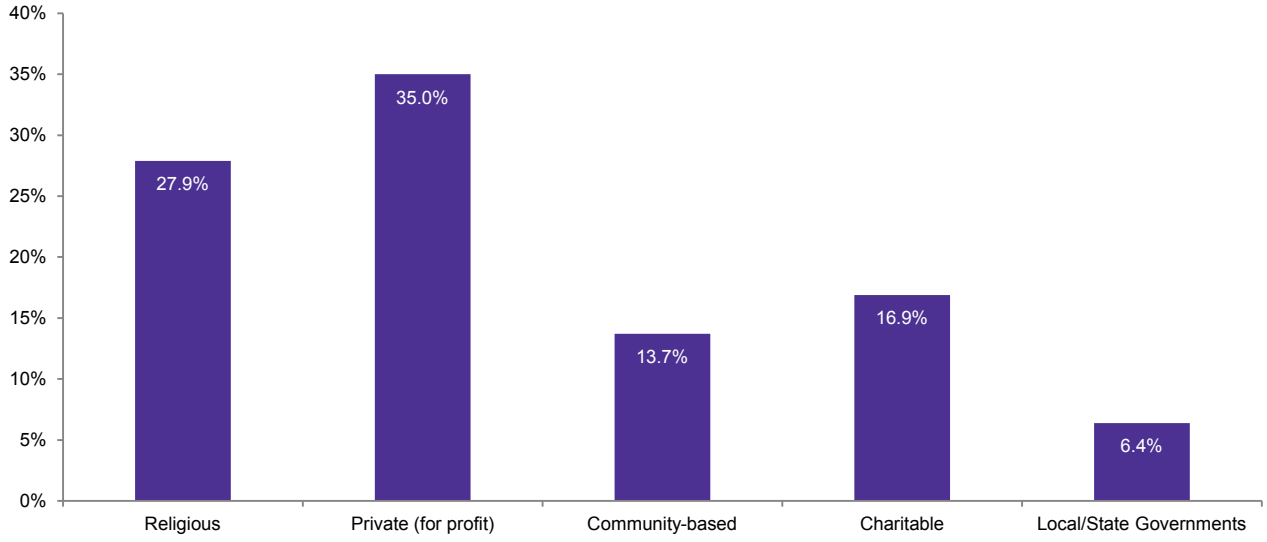
- **Certification**. Certification aimed at improving the physical quality of Australian government funded residential aged care buildings; it includes fire safety, privacy and space requirements.
- **Community Care.** A package of personal care services and other personal assistance was provided to those who did not receive residential care.

The current aged care system

Providing older people and their families with increased choice and flexibility was seen as the basis for a better aged care system.

The current service system is often complex for people to navigate, with services funded by Commonwealth, State and local governments. Most funding of the residential aged care system is provided by the Commonwealth government, with State and local governments mainly involved in the delivery of home and community care services. The distribution of service provision is indicated by a range of organisations, with for profit and religious providers accounting for almost 60% of aged care services.

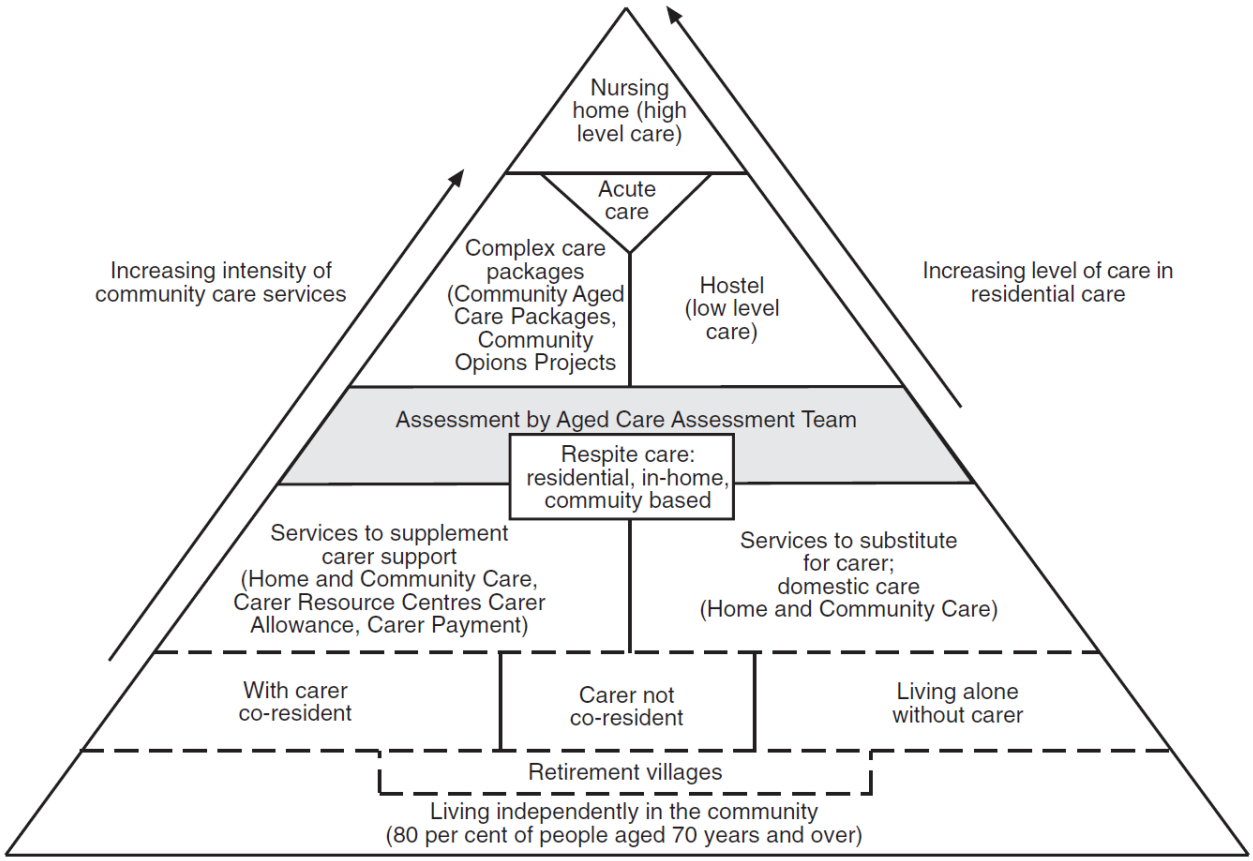
Figure 49: Providers of Commonwealth Funded Aged Care Services



Source: Report on Government Services, 2011

Provision of services range from residential services, including services to supplement carer support and services to substitute for the carer, respite care, complex care packages, accommodation with low level and acute care, and nursing home accommodation with provision of high level. These levels of support provide increasing intensity of community and residential care services.

Figure 50: Modes of care in the aged and community care service system



Source: Adapted from Anna Howe, 'Changing the balance of care: Australia and New Zealand' in OECD (1996) *Caring for Frail Elderly Policies in Evolution*. Reproduced in Productivity Commission Issues Paper, *Caring for Older Australians,* May 2010, p. 7

The majority of people over 65 years of age who receive care services do so while living in their own homes. The majority thus currently receive services in the community. For older people with complex health needs an Aged and Community Care Team (ACAT) assess eligibility for more intense (and hence expensive) services, such as community aged care packages and residential aged care (hostels and nursing homes). These services may also require service users to contribute to the cost of their care based on their ability to pay.

In 2009-10 over one million older Australians received some form of aged care and support each year. These included:

- Over 610,000 people aged 70 years and over received Home and Community Care (HACC) services in their own homes;
- Around 70,000 received intensive community aged care packages providing care to them in their own home and local community;
- Around 215,000 people received permanent residential aged care.

Services are provided on a regional basis according to a needs based planning ratio. Currently, this provides 25 places per 1000 people aged 70 and over for community care packages and 88 places for residential care.[9]

Within the Jewish community, as in the mainstream community, informal carers provide the majority of support and care to older people, often in partnership with aged care providers. There is a demand for services which cater for distinctive Jewish cultural and religious needs among those requiring some level of institutional support, whether community or residential care. This need is currently addressed by key Jewish aged and community service organisations, including Jewish Care and Emmy Monash in Melbourne, Montefiore Homes and Jewish Care Sydney, Maurice Zeffert Homes in Perth and Jewish Community Services in Adelaide. Generally a high standard of care is provided by these organisations. The Draft Report on Ageing of the Productivity Commission has noted that:

> Some NESB communities in certain locations are well served by dedicated aged care providers (generally not-for-profit organisations arising from the respective community) that tailor services to particular groups, such as the Italian, Greek, Spanish, Dutch and Jewish communities. The standard of care provided by these organisations is generally high and, not surprisingly, these services are usually in great demand.[10]

Holocaust survivors have special needs which can be addressed, to a limited extent, through the Claims Conference Program, which is based in New York and receives the bulk of its funding from the German government. This funding goes towards supporting people in the community (rather than residential accommodation) for longer periods, supplementing services provided by the Australian government. However, this funding is allocated on an annual basis and is subject to review, hence it lacks certainty.

Members of the Jewish community also use mainstream aged care services to meet their needs. In such cases there is need for the mainstream provider to recognise and address specific Jewish issues. These include:

- Provision of services that respect and meet cultural and religious needs;
- Provision of kosher food services;
- Special needs of Holocaust survivors and their families;
- Provision of language and translation services

As a consequence of these requirements, there are higher costs involved in attracting and retaining specialist staff that understand and are sensitive to the needs of Jewish people.

For Jewish agencies there are also higher capital costs associated with providing services close to the Jewish community, including higher land costs and provision of a higher level of security, and higher day-to-day running costs, for example in the provision of kosher food.

[9] Productivity Commission, *Caring for Older Australians,* Draft Report, 2011, p. xxii
[10] Productivity Commission, *Caring for Older Australians,* Draft Report*,* 2011, p. 274

Future provision

Aged care services are a significant cost to government. As indicated in Table 8 below, in 2008–2009 the Commonwealth government spent almost $10 billion on home and community care, respite and support for carers, and residential aged care. This amount does not include the costs associated with the provision of Centrelink pensions and benefits. Of this amount, almost $7 billion was allocated for residential care.

Table 8: National Residential Care, CACP, EACH and HACC expenditure compared

	Places/ People	2008-09 expenditure	Funding per place/ person
Residential	178,290	$6.8 bi	$ 38,807.25
CACP	40,859	$478mi	$ 11,195.95
EACH/D	6,514	$256mi	$ 31,671.41
HACC (07/08)	885,385	$1.79 bi	$ 2,143.02

Source: 2008-09 Report on the Operation of the Aged Care Act 1997. DoHA 2009. Home and Community Care Program 1 July 2007 to 30 June 2008 Annual Report; ACCV Victoria – Presentation to Jewish Care 2011.

In addition, there are also significant health care costs. Expenditure on health needs of people aged 65 years and over accounts for 24% of medical services, 31% of pharmaceutical services and 35% of acute hospital services.

Australian Government spending on aged care is projected by the 2010 Intergenerational Report to more than double over the period 2010 to 2050, representing an increase from 0.8 to 1.8 per cent of GDP.[11]

The cost implications of an ageing population have forced the federal government to rethink the aged care system. In April 2010 the government commissioned the Productivity Commission to undertake a broad-ranging inquiry with the aim of developing detailed options for redesigning Australia's aged care system to ensure that it can meet the challenges facing it in coming decades. Specifically, the Commission was asked to:

- Systematically examine the social, clinical and institutional aspects of aged care in Australia, building on past reviews of the sector;
- Develop options for reforming the funding and regulatory arrangements across residential and community aged care (including the Home and Community Care program);
- Address the interests of special needs groups, including people living in rural and remote locations, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and veterans;
- Systematically examine the future workforce requirements of the aged care sector, and develop options to ensure that the sector has access to a sufficient and appropriately trained workforce;
- Recommend a path for transitioning from the current funding and regulatory arrangements to a new system that ensures continuity of care and allows the sector time to adjust;
- Examine whether the regulation of retirement specific living options, such as retirement villages, should be aligned more closely with the rest of the aged care sector and, if so, how this should be achieved;

[11] Productivity Commission, *Caring for Older Australians,* Draft Report, 2011, p. xxiv

- Assess the medium and long-term fiscal implications of any change in aged care roles and responsibilities.[12]

The *Draft Report* released by the Productivity Commission in January 2011 (11) observed that the country's aged care system had evolved in an *ad hoc* manner, in response to increasing and changing needs, political compromises and a concern to contain expenditure at sustainable levels. Future planning needed to take into account the increasing affluence of the 'baby boomer' generation of retirees, the changing patterns of disease and medical requirements as people live longer, and an expected increasing demand for community based care models, representing a shift from institutional care. This change would be driven both by older people's preferences and government required to contain spending.

Key weaknesses of the current system were identified as

- Difficulty of navigating the current system and limited quantity of services;
- Variable quality of services, gaps in service provision and limited choice for consumers;
- Inconsistent and inequitable pricing, subsidies and co-contributions;
- Workforce shortages, exacerbated by uncompetitive wages and over regulation;
- Decline in the number of informal carers and the need for a larger workforce to meet the future needs.[13]

The Commission focused its draft recommendations on 'enhancing the well being of older people, promoting independence, connectedness and choice'**.** It has envisaged removal of the distinction between high care and low care and a changed system of payments (whether direct or indirect, through bonds) to reflect the actual cost of care. It is proposed that the current Home and Community Care (HACC) packages will be replaced with single integrated flexible care provision. Home maintenance and modification will be improved though new benchmarking standards. There will also be the development of more attractive career pathways (including better remuneration) in the aged care industry.

The reforms would result in enhanced options for the older person and their carers, to enable the older person to:

- Contact a simplified 'gateway' for easily understood information; assessments of care needs; assessments of financial capacity to make co-contributions; entitlements to approved services; and care coordination — all at a regional level;
- Receive a flexible range of care and support services that meet their individual needs and that emphasise, where possible, restorative care and rehabilitation;
- Choose, where feasible and appropriate, to receive care at home or in a residential facility and choose their approved provider;
- Contribute in part to their cost of care (with a maximum lifetime limit) and meet their accommodation and living expenses (with safety nets for those with limited means);
- Have access to a government sponsored equity release scheme to pay for their care and accommodation charges if they have assets but limited annual incomes;

[12] Productivity Commission, *Caring for Older Australians,* Draft Report, 2011, p.4
[13] Productivity Commission, *Caring for Older Australians,* Draft Report, 2011, p. xx

- Choose between paying a daily charge or an equivalent bond for the accommodation costs of residential care — with both aligned to the real cost of accommodation;
- Retain their age pension when selling their home (and if paying a lower capital sum or a daily charge for their new accommodation) by purchasing an Australian Pensioners Bond;
- Choose whether to purchase additional services or a higher quality of accommodation if that is what they want and can afford.

In addition while the Draft Report supports the current safety and quality standards, it recommends that the removal of current limits on the number of residential places and care packages, and distinctions between low and high care and between ordinary and extra service status, thus opening the service system to the free market.

Alongside these changes, it is proposed to establish a new independent regulatory commission which would have the task of recommending to government the price for care services and for standard accommodation for supported residents. The new body would also be responsible for quality accreditation and dealing with complaints. In summary the key elements of the proposed system are:

- **Federal Government:** to remain the major funder of the aged care system, setting prices and ensuring access for all.
- **Department of Health and Ageing (Commonwealth)**: to remain responsible for development of policy and legislation.
- **Australian Seniors Gateway Agency (ASGA):** a new agency to serve as the gateway for consumers to access the system, with the objective of overcoming confusion, difficulty of access to information, duplication and time delays that exist under the present system
- **Australian Aged Care Regulation Commission (AACRC):** a new independent commission to regulate the quality of community and residential care; monitor, assess, and recommend service prices; enforce regulation, including prudential regulation, and assist and educate providers in relation to compliance and continuous improvement; communicate with stakeholders, and collect and disseminate data; determine complaints and handle reviews.

The approach of the Draft Report, with its emphasis on 'services that enhance the well being of older people, promoting independence, connectedness and choice', received overwhelming support from key agencies. Chief Executive of Council on the Ageing, Ian Yates, commented that the Draft Report,

> lays the foundations for an aged care system over the next few decades that would offer older Australians: faster and easier access to high quality support and care; where and when they need it; on a fair and equitable basis; with older people having much greater choice and control.[14]

[14] COTA News Release. 21 January 2011

The challenge ahead

In June 2011 the Productivity Commission presented its Final Report *Caring for Older Australian* to the Gillard government. The report, which was publicly released in August, confirms the inadequacies and limitations of the current aged care system, whilst clearly identifying the future funding that is needed to provide a quality system that will meet the needs of an ageing community with greater expectations. From a capital funding perspective, the industry is currently funded by the Commonwealth government at $109,000 per bed, whilst the average costs of construction per bed is between $200,000 and $240,000. The work of the Productivity Commission highlights the need for better services that are consumer focused, offering choice, flexibility, quality, access and sustainability for the longer term.

Whilst there is still a significant amount of work to be completed in the area of financial modelling and the establishment of entitlement criteria, the reform package points to the introduction of a scheme whereby people who can afford to contribute to the cost of care and accommodation will be required to do so, whilst also ensuring that a rigorous safety net remains in place to ensure services are available to those that cannot afford to pay. It is anticipated that cost will be met without the need to sell the family home through the creation of two schemes – the *Australian Aged Pensioners Savings Account* and the *Australian Aged Care Home Credit Scheme*. But the expectation of greater individual contribution to care and accommodation has direct consequences for the relatively affluent ageing Australian Jewish community.

The report also recommends a move to a more flexible consumer based entitlement system rather than the current rationing system. If a consumer has an assessed need then they will receive an entitlement to service and select a provider of their choice. This represents a significant shift toward consumer self determination and free market competition. It is anticipated that the assessed entitlement will be facilitated through the creation of the new Aged Care Gateway.

A move towards a more flexible consumer based entitlement system would equate to the removal of outdated low and high care definitions in residential care; improved funding in areas of higher care needs such as palliation and sub-acute services; removal of arbitrary community care packaged amounts – to be more reflective of the consumer's care and support needs; greater competition in the market; and a freeing up of the service allocation process.

The currently proposed changes would facilitate access to improved community services to support independence and wellness by providing real choice and control as to where older people wish to live – at home or in a facility. As a priority, Jewish providers need to consider demographic projections with regard to expected demand for services as a consequence of changing age and cultural profiles.

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REPORT 3