

Expectations about Ageing at Home and Aged Care: A Survey of Senior Australians

Introduction

The ability to, where possible, remain living independently in appropriate and affordable housing is an important aspect of wellbeing as people age. An understanding of the needs and concerns of senior Australians regarding future housing and living arrangements is important to achieve this aim. This National Seniors Productive Ageing Centre issue of 'Facts and Figures' investigates these issues using data from a national survey of Australians aged 50 years and over.

Key Findings

- Two-thirds of respondents indicated they intend to stay in their current home as they age.
- Of those who do not intend to remain in their current home, 58% intend to move to a home that is easier to manage.
- Just over half of respondents have design features in their home that will be suitable when they are aged in their 80s and 90s.
- For those living in homes with no suitable design features, 43% said they could afford such changes to incorporate such design features.
- Just over one-third of respondents cannot say if they will be able to afford the cost of aged care.
- 78% of respondents believe people should make a contribution to their aged care costs, according to their means.

"Affordable, appropriate housing is a growing issue for older Australians. Secure housing is fundamental to individuals' participation in society and engagement in daily life. I commend the National Seniors Productive Ageing Centre for providing an input to this discussion by exploring the expectations of some older Australians about ageing at home and aged care."

The Hon Susan Ryan AO
Age Discrimination Commissioner

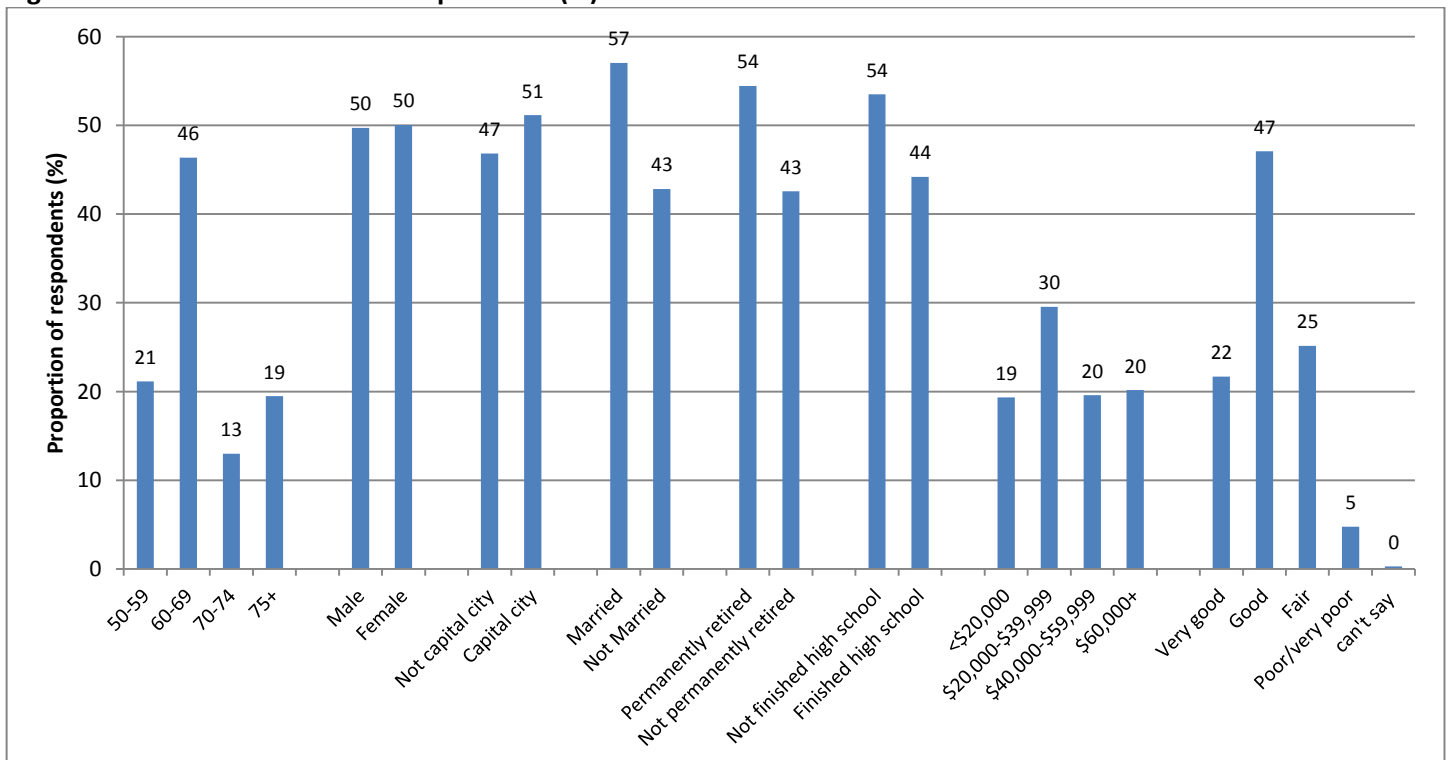
Survey data

The National Seniors Social Survey (NSSS) Wave 1 collected data from over 3,000 respondents aged 50 years and above and members of National Seniors Australia relating to their retirement planning, living expenses, health and aged care, as well as their demographic and socio-economic information. The aged care module of the survey covered respondents' health related issues; their preparation for becoming older and frailer; their living arrangements, need for dwelling modifications, and need for assistance with daily living activities; their ability to afford aged care; and their concerns with various issues associated with ageing.

Basic characteristics of respondents

Approximately the same number of males and females took part in the survey (Figure 1). The majority of respondents were aged between 60 and 69 years (46%). Slightly more respondents live in a capital city (51%) than outside the city (47%). More than half of respondents were married (57%), permanently retired (54%), and did not finish high school (54%). More than two-thirds (69%) rated their health as good or very good.

Figure 1: Basic characteristics of respondents (%)



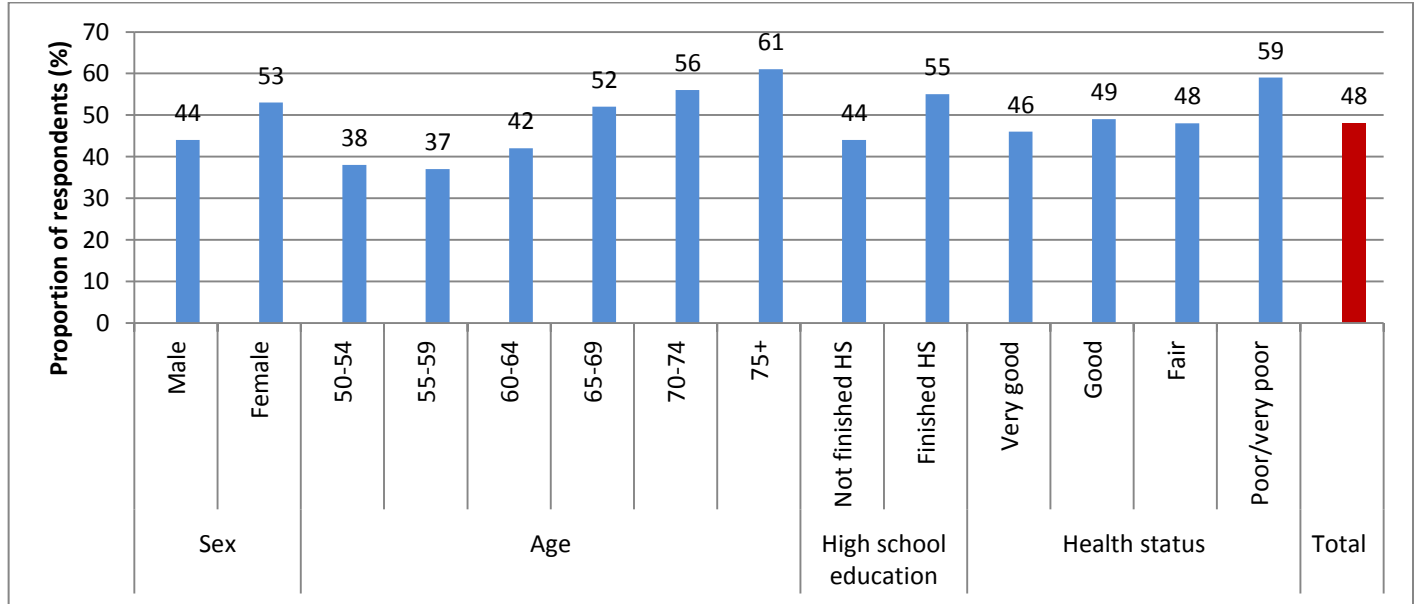
Note: Total % for each variable does not necessary sum to 100 due to missing cases.

Preparations for getting older and frailer

Participants were asked if they have taken steps to prepare themselves for getting older and frailer. Almost half (48%) of respondents said that they have taken the necessary steps in this preparation (Figure 2). Of those who have taken the necessary steps, more females than males have done so (53% versus 44%). The proportion taking the necessary steps increases as the age of the participants increases (from 38% for the 50-54 group to 61% for the 75+ group). More

people who have completed high school education are more prepared than those who did not finished high school education (55% versus 44%). Not surprisingly, more people who rated their health as poor or very poor have prepared themselves for getting older and frailer (59%).

Figure 2: Proportion (%) of respondents who have taken steps to prepare for getting older and frailer



The three most common steps that respondents have taken to prepare themselves for getting older and frailer included considering whether the home will be suitable (79%), making sure that they have some money to pay for care when it is needed (51%) and having discussions with family about who will care for them (30%). About eight per cent said that they have taken some other steps (Note: total % does not add to 100% because respondents are allowed to select more than one answer).

Living arrangements and dwelling modifications

In the previous five years, seven per cent of respondents have moved house because of a health condition or advancing age (Figure 3). As expected, as health deteriorates the need to move house increases (3% for those with very good health to 18% for those with poor or very poor health). This pattern is repeated for age as well, that is, the proportion needing to move house increases with age.

In the last five years, only one per cent of respondents reported that another person has moved in with them because of their health or age (data not shown). In the majority of cases (74%), a family member has moved in with them.

Figure 3: Proportion (%) of respondents who have moved house in last 5 years due to health condition/advancing age

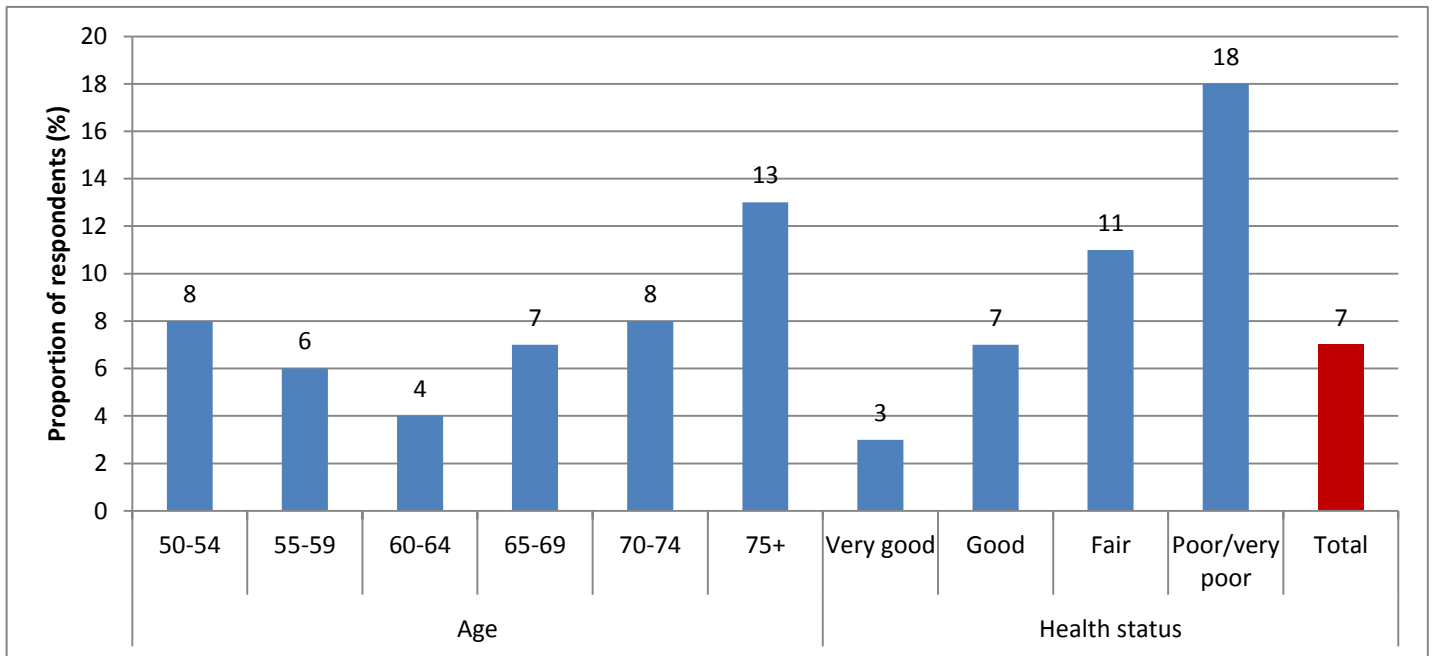
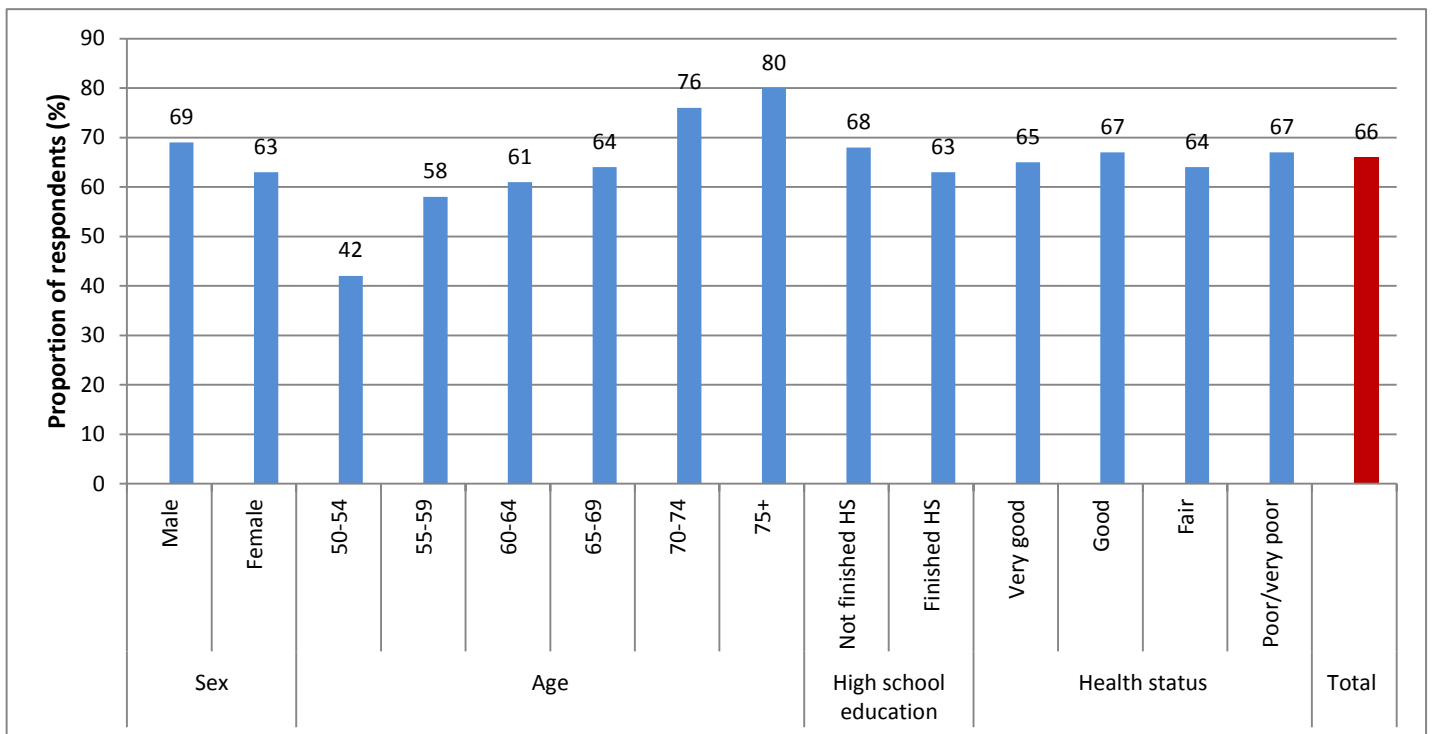


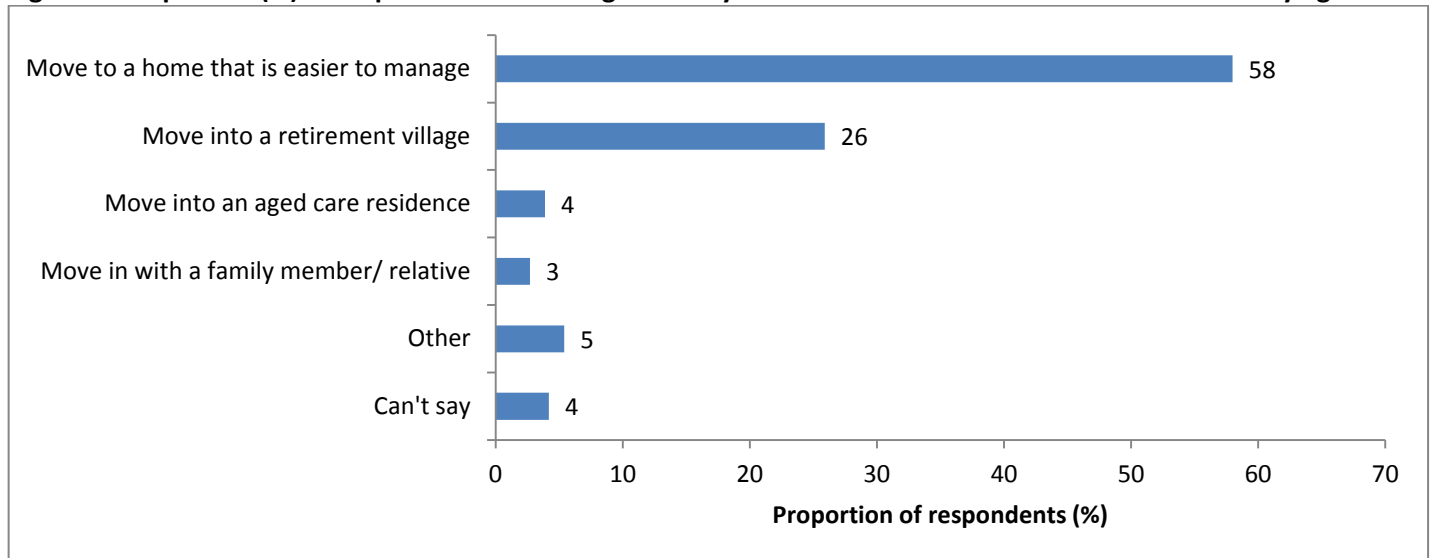
Figure 4: Proportion (%) of respondents intending to remain in current home as they age



Two-thirds of respondents indicated that they intend to stay in their current home as they age (Figure 4). The proportion intending to stay in their current home increases with age (from 42% for those aged 50-54 to 80% for those aged 75+). The proportion is approximately the same irrespective of their health status.

For those who did not intend to remain in their current home as they age, over half (58%) indicated that they will move to a home that is easier to manage (Figure 5). A further one-quarter (26%) intend to move into a retirement village, while only a small proportion plan to move into an aged care residence (4%) or with a family member or relative (3%). Older respondents are more likely to intend moving into a retirement village or aged care residence, and those reporting poor or very poor health are also more likely to move into an aged care residence (data not shown).

Figure 5: Proportion (%) of respondents indicating that they intend to move to a different location as they age



Note: % of people who intend to leave current home

When asked about the design features of their current home, slightly over half (52%) of respondents indicated that it will be suitable for them when they are in their 80s and 90s (Figure 6). The proportion indicating that the design features of their current home will be suitable for them increases as age increases (from 44% for the 50-54 age group compared to 74% for the 75+ age group). Participants' health status does not seem to influence the responses regarding the design features of their current home.

Respondents were asked to indicate the types of changes that would be required to their dwelling if they indicated that the design features of their current home would not suit them. Figure 7 shows that the most reported type of change is handgrab rails (62%), followed by toilet/bath/laundry modifications (54%) and ramps (51%). Other types of changes reported include having doors widened (23%), structural changes (22%) and a telemonitoring system (14%).

Figure 6: Proportion (%) of respondents indicating that the design features of their current home will be suitable when aged in their 80s and 90s

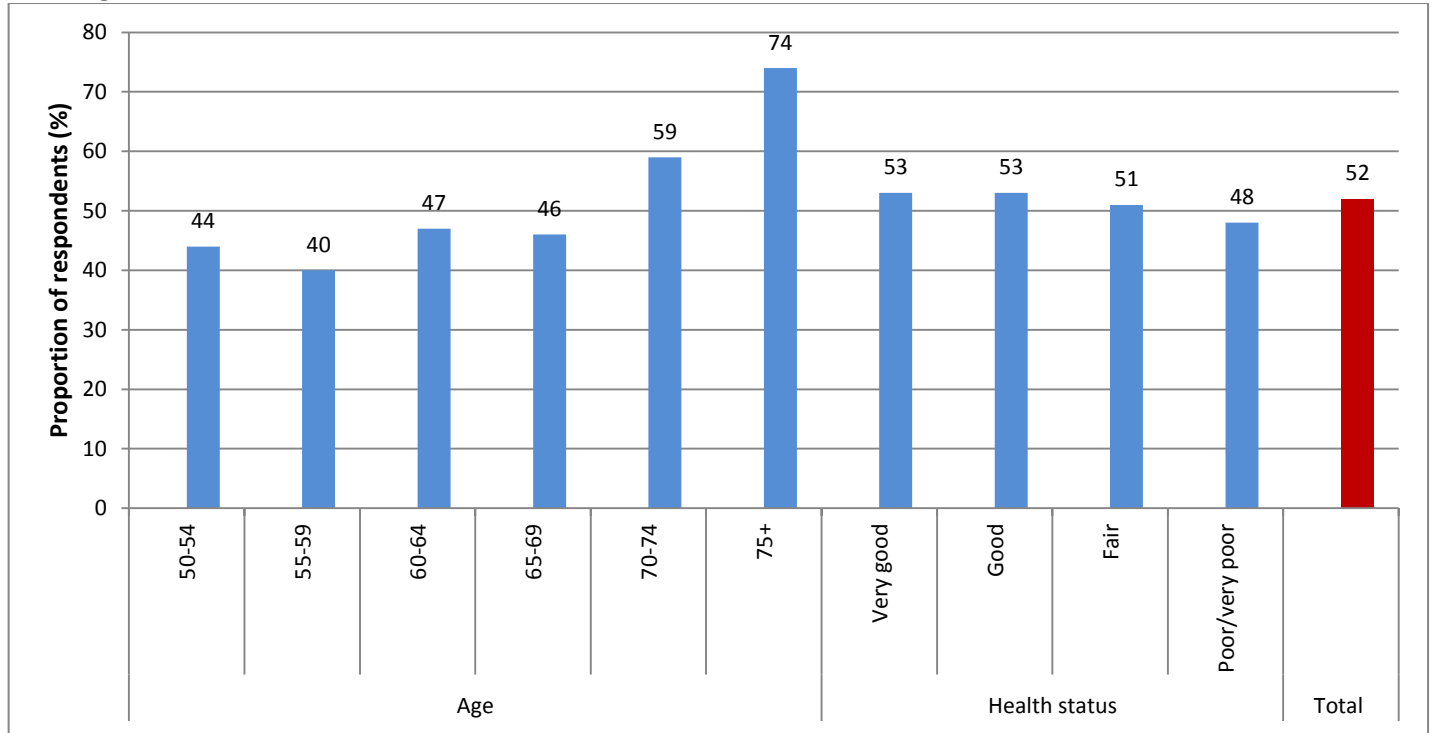
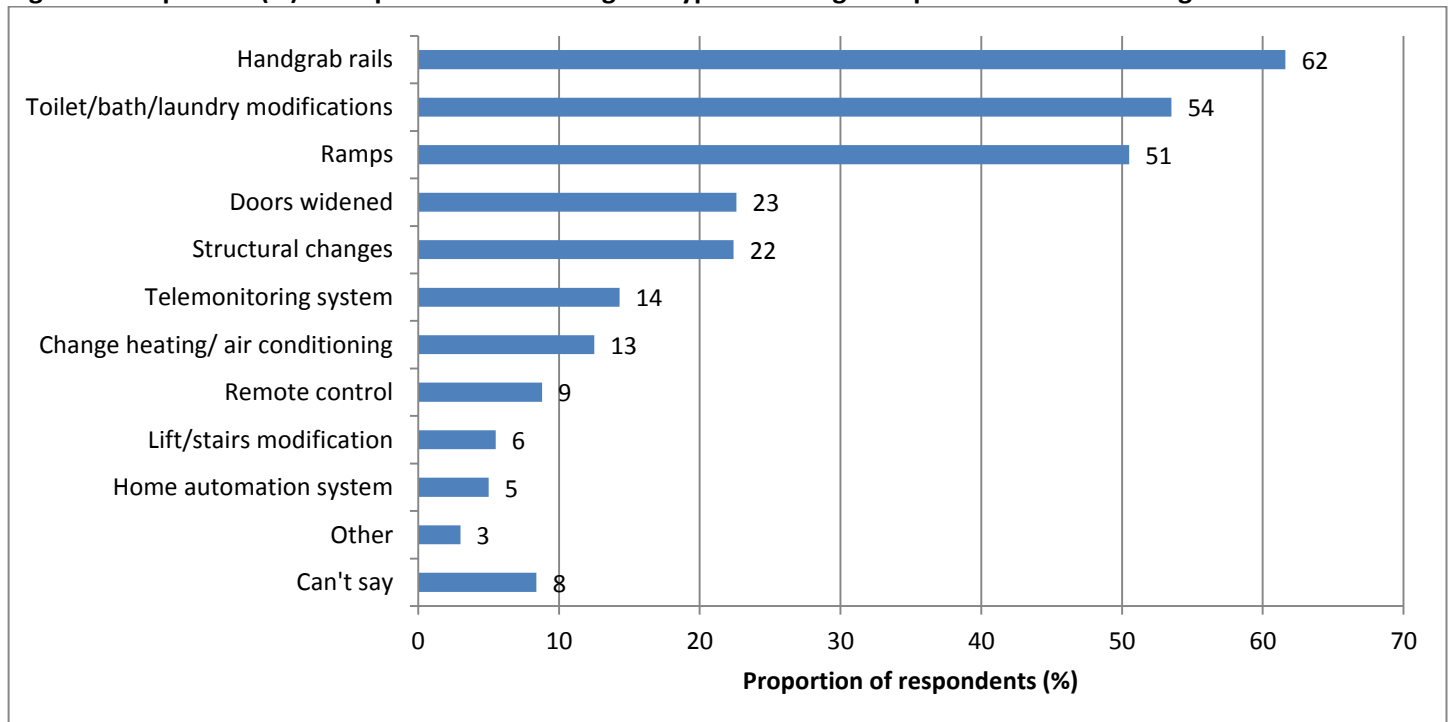


Figure 7: Proportion (%) of respondents indicating the types of changes required to their dwelling

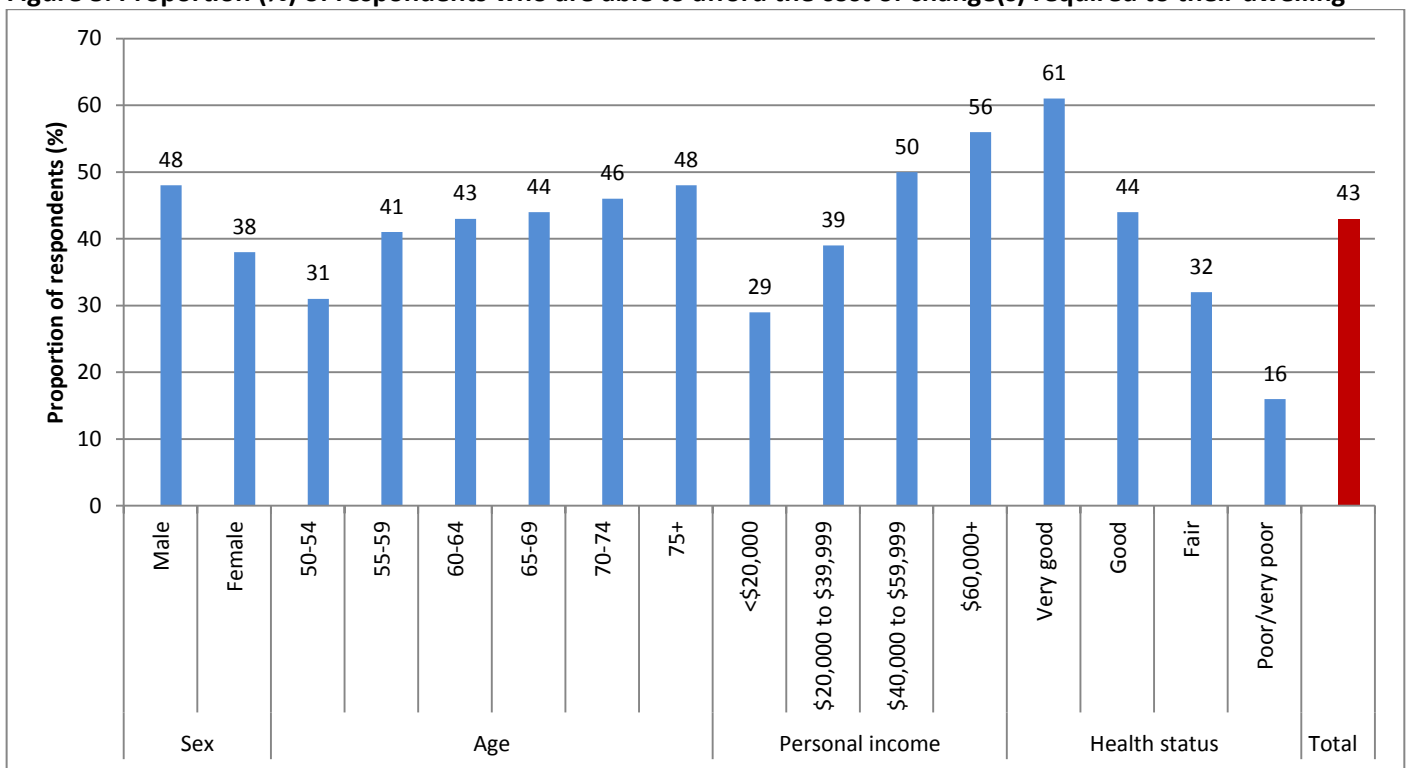


Note: % of people with no suitable design features in their home

For those who indicated that their dwelling required changes, forty-three per cent indicated that they could afford the required changes (Figure 8). The proportion of respondents indicating that they can afford the required changes increases as the level of income increases (from 29% for income less than \$20K, to 56% for income of at least \$60K). On the other hand, the proportion decreases dramatically as health status decreases (from 61% for very good health to 16% for poor/very poor health).

Fewer females than males indicated that they can afford the changes (38% versus 48%). From aged 55 onwards the proportions who can afford the changes increased slightly with age. Of those who can afford these changes, 66% state that they are willing to stay in their own home (data not shown).

Figure 8: Proportion (%) of respondents who are able to afford the cost of change(s) required to their dwelling



Note: % of people with no suitable design features in their home

Assistance with daily living activities as respondent ages

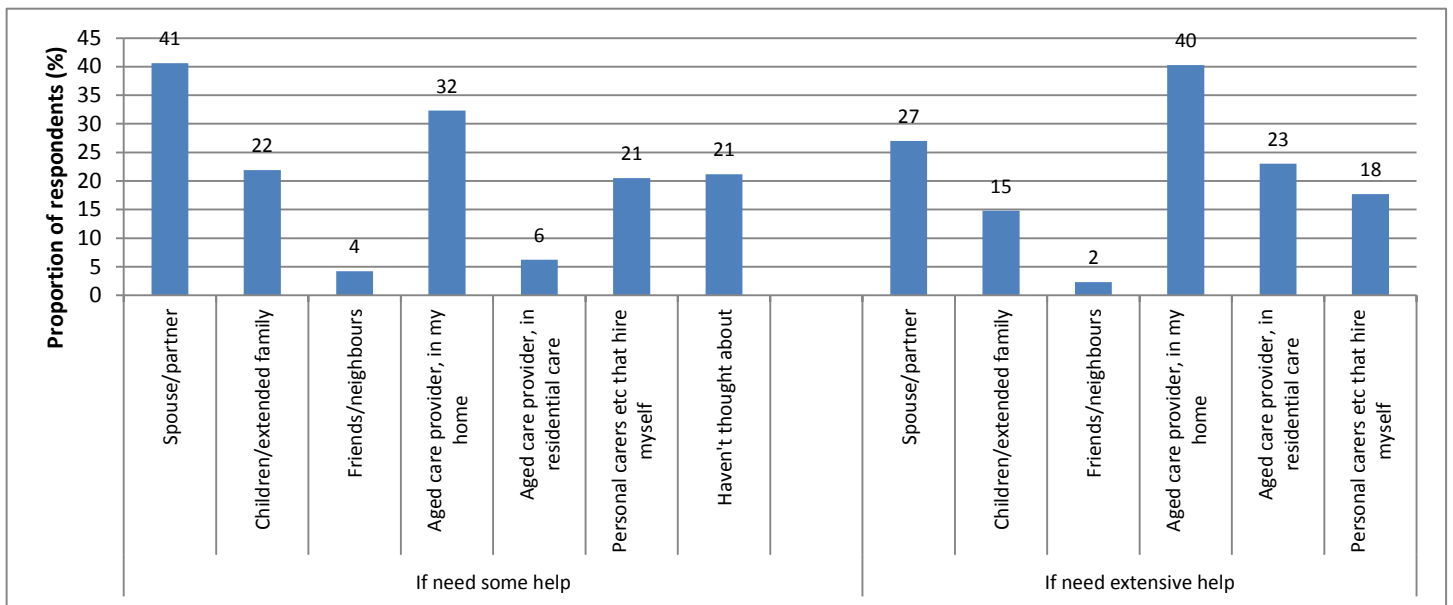
Respondents were asked to report who they expect to provide them with some help or extensive help with daily living activities should it be needed as they age (Figure 9). The most common expected source of some help is spouse or partner (41%), followed by age care provider in their own home (32%), children or extended family (22%) and personal carers hired by the respondent (21%). Less common responses are an aged care provider in residential care (6%) and friends or neighbours (4%), while 21% hadn't yet thought about who they expect to help them.

Expectations of extensive help are somewhat different. The most popular response is aged care provider in their own home (40%). Spouse or partner (27%) and children or extended family (15%) are less commonly reported compared to

when some help were needed. But aged care provider in residential care is more commonly reported for extensive help (23%) compared to when some help were needed (6%).

There are some notable differences in the expectations of help across socio-economic and demographic groups (data not shown). Males are approximately two and a half times more likely than females to state that they expect some or extensive help from a spouse or a partner, possibly because of an expectation that women will live longer than men. Somewhat offsetting this result is a greater expectation from women of help from an aged care provider compared with males, particularly in their own home. Interestingly, the findings are similar across age groups, with slightly fewer of those in the 60 to 64 age group indicating that they would need an aged care provider in their own home. Differences by education, retirement status and self-reported health status are also not large; the major variation is that in-home aged care is less commonly expected by people with poor or very poor health.

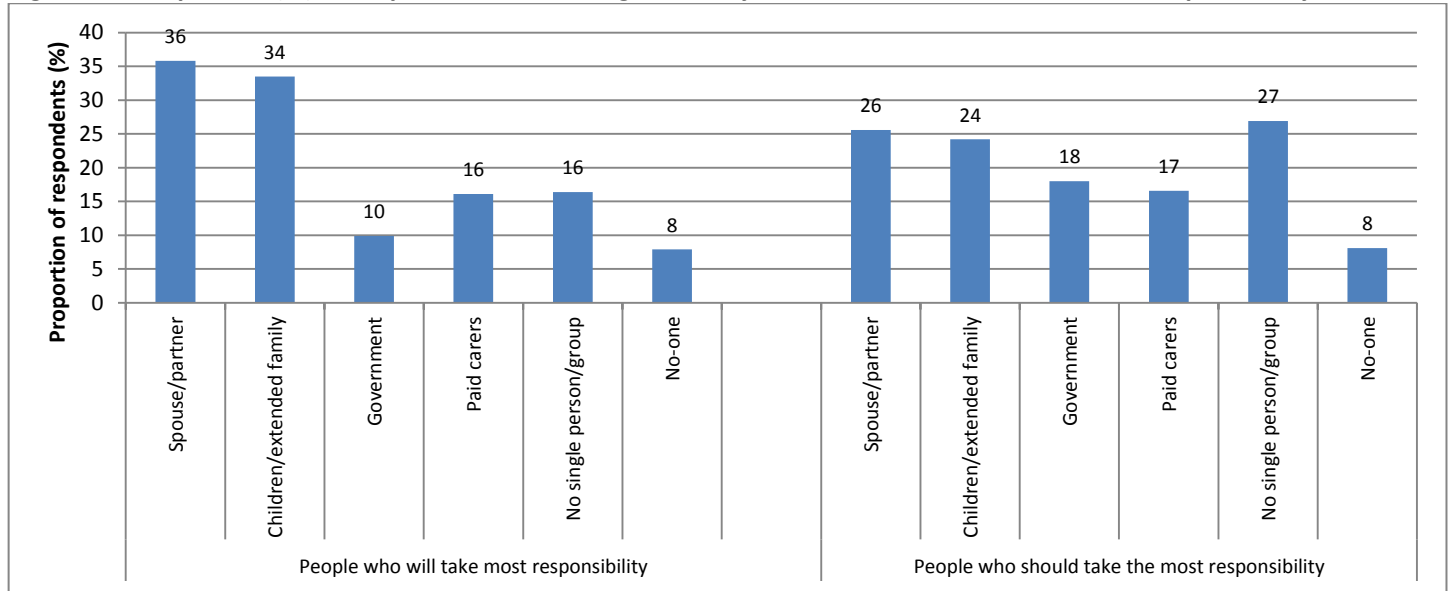
Figure 9: Proportion (%) of respondents indicating who they expect will provide them with some or extensive help



Note: the total % do not sum to 100 because respondents are allowed to select more than one answer.

Respondents were also asked to report who they think *will and should* take most responsibility for them when they are no longer able to look after themselves (Figure 10). Over one-third of respondents believed that their spouse or partner (36%) or their children or extended family (34%) *will* take most responsibility for them, followed by no single person or group (16%) and paid carers (16%). Regarding the people who they think *should* take most responsibility for them, 27% of respondents indicated that no single person or group *should* while the proportion reporting that spouse or partner (26%) and children or extended family (24%) were lower than the proportion reporting that they *will* look after them. About twice as many people believe that the Government *should* take most responsibility (18%) compared with the proportion indicating that they *will* take the responsibility (10%). Eight per cent think that they *will and should* look after themselves.

Figure 10: Proportion (%) of respondents indicating who they think will and should take most responsibility for them



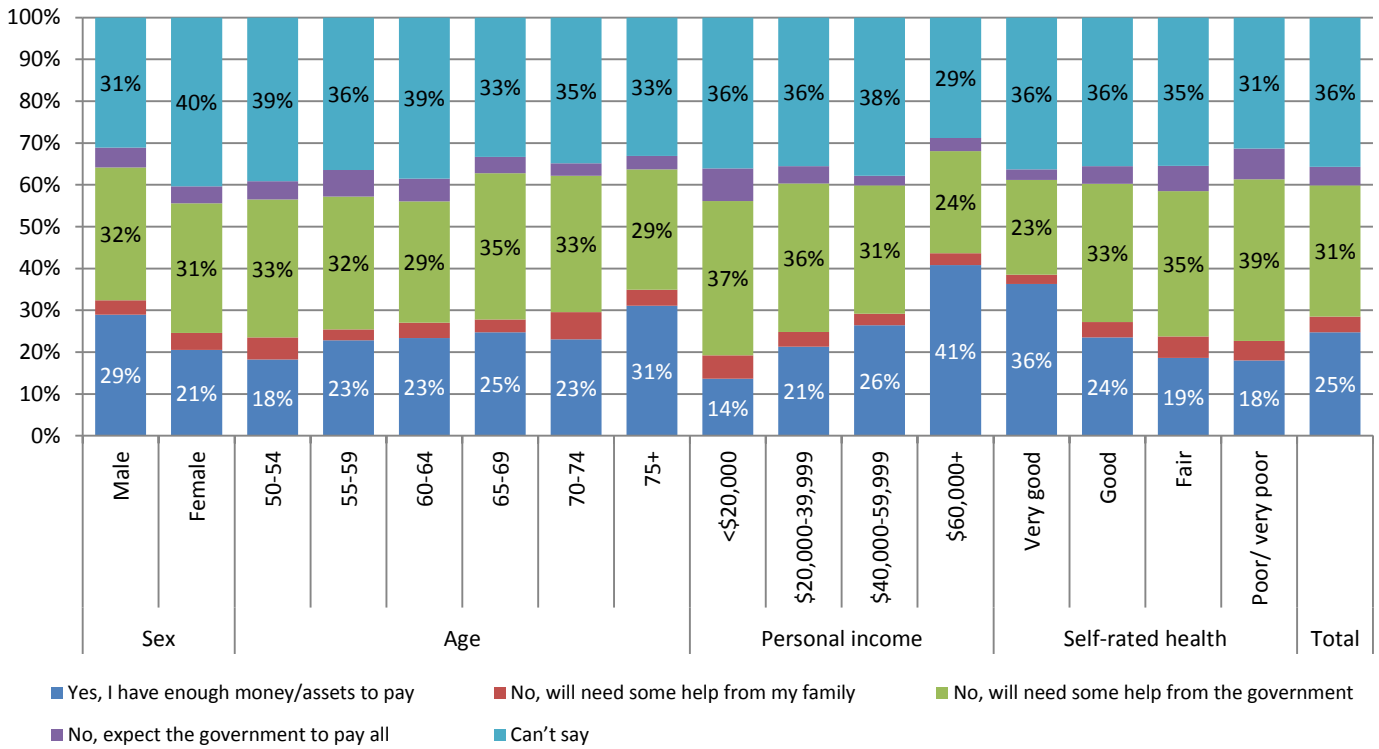
Note: the total % does not add to 100 because respondents are allowed to select more than one answer.

Similar to the findings for provision of help, approximately three times more males than females indicated that the spouse or partner *will and should* take responsibility as they get older (data not shown). Fewer oldest age group (75+) than younger age groups indicated that spouse or partner will take most responsibility for them. On the other hand, more of the older age groups (70+) than younger age groups indicated that children or extended family *will and should* take most responsibility for them. However, older age groups (70+) are less likely to think that Government *will and should* take responsibility. People who have finished high school are more likely to think that no single person or group *will and should* take responsibility compared with those who have not finished high school, while there are no clear differences by retirement status. There is also no clear relationship with self-rated health, except that those with poorer health are more likely to think the Government *will* take most responsibility and less likely to think they *will and should* look after themselves.

Aged care affordability

One-quarter of respondents think they will be able to afford aged care costs, while 31% think they will need some help from the Government (Figure 11). Only four per cent expect the Government to pay for all their aged care costs, while a further 36% cannot say what aged care services they may need or how much they will cost. More males than females indicated that they can afford the cost of aged care (29% versus 21%). Similarly, more people earning at least \$60,000 compared to those earning less than \$20,000 (41% versus 14%), more reporting their health as very good compared to those with poor/very poor health (36% versus 18%) and, interestingly, more people aged 75 or over compared to those aged 50 to 54 years (31% versus 18%) indicated that they can afford the cost of aged care. Lower perceived affordability in some groups is offset by people thinking they will need some help from the Government, which reaches 39% for those reporting poor or very poor health and 37% for the lowest income earners.

Figure 11: Proportion (%) of respondents who think they will be able to afford the cost of aged care



Overall, 78% of respondents think that people who receive aged care should contribute to the cost, according to their means (Figure 12). Fourteen per cent think that the Government should be fully responsible while only 2% think the people receiving care should be fully responsible. The responses to this question do not vary much by socio-economic groups with the highest proportion of people stating that Government should be fully responsible being 22% amongst those with poor or very poor health.

Figure 12: Proportion (%) of respondents who think who should pay for aged care costs

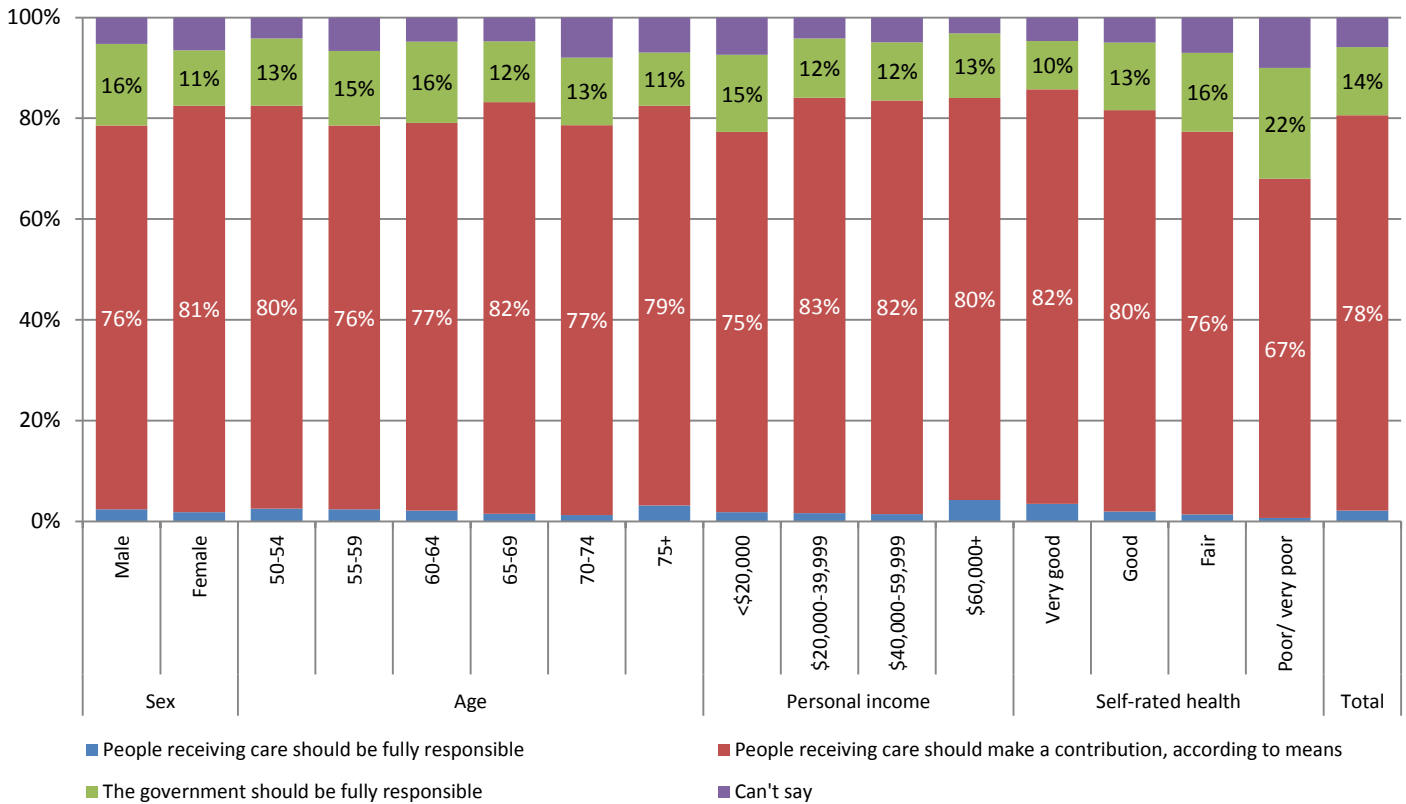


Figure 13: Proportion (%) of respondents who state the each percentage of aged care costs people should contribute

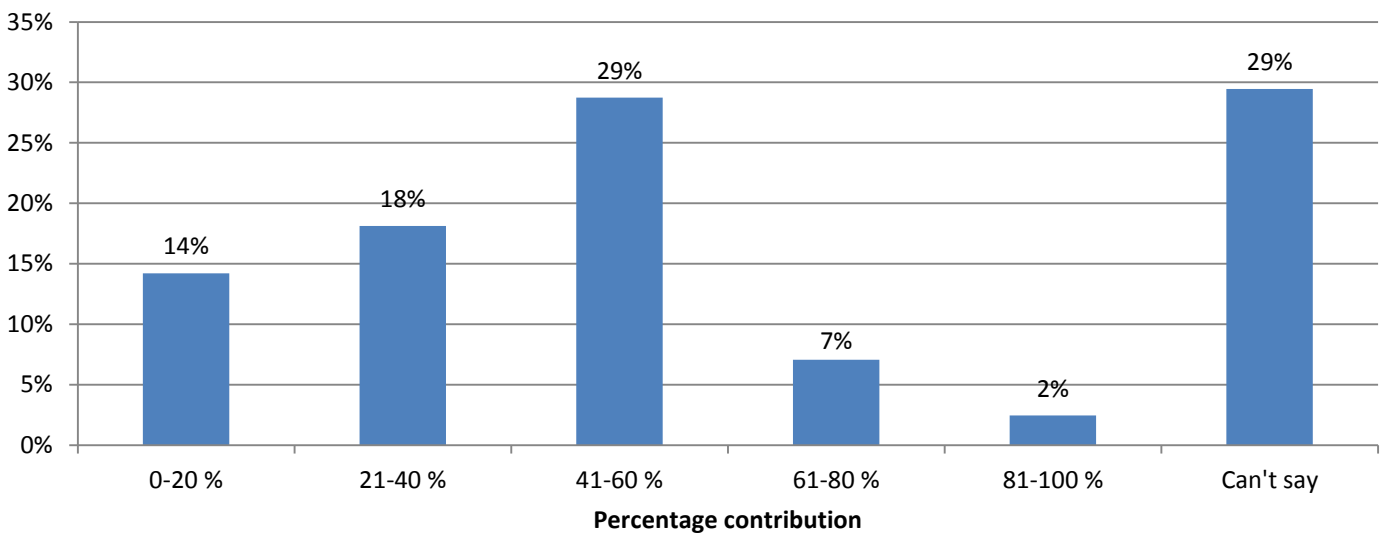
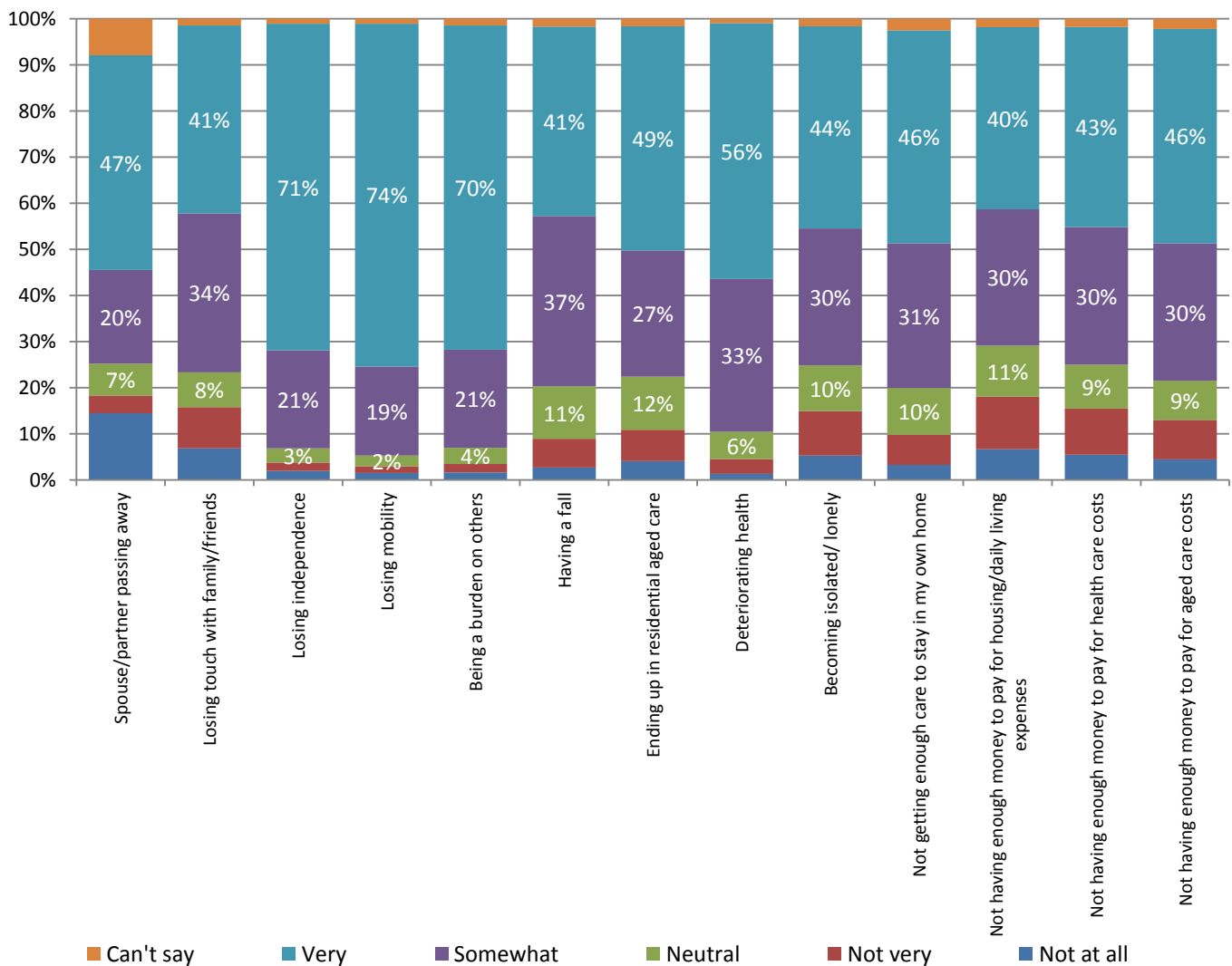


Figure 13 shows that the majority of respondents think that it is fair and reasonable that people contribute less than 60% of their aged care costs, with the highest proportion (29%) believing between 41-60% is appropriate, followed by 21-40% (18%). Only nine per cent think that people should contribute more than 60%, while 29% could not say what percentage is fair and reasonable.

Concerns with getting older

The survey asked respondents to rate their concerns about a number of issues associated with getting older (Figure 14). Respondents are particularly very concerned with three issues associated with getting older: losing mobility (74%), losing independence (71%) and being a burden to others (70%). The next issue that respondents are very concerned with is deteriorating health (56%), with one-third being somewhat concerned. The remaining issues have similar levels of concern, with around 70-77% of respondents indicating that they are very or somewhat concerned, with the exception of spouse or partner passing away, which would not be applicable to all respondents.

Figure 14: Proportion (%) of respondents rating each level of concern on issues associated with getting older



This issue of 'Facts and Figures' was prepared by Dr Tim Adair and Thoa Menyen of the National Seniors Productive Ageing Centre. The National Seniors Productive Ageing Centre wishes to acknowledge the assistance of the Australian Human Rights Commission in reviewing and providing comments.

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