

National Seniors Australia Annual Research Review

2024

2024 was a year of consolidation and innovation for the National Seniors Research Team.



1.8 FTE staff members, working to the Director of Policy and Research

Dr Diane Hosking
Dr Lindy Orthia

Head of Research 1.0
Senior Research Officer 0.8



3 large surveys conducted with Australians aged 50+

With financial partners and/or to inform National Seniors policies



5600+ respondents

National Seniors Social Survey (Feb)
Dept of Health & Aged Care, Challenger



1200+ respondents

Advocacy Priorities Survey (Jul)
National Seniors Advocacy



3700+ respondents

Superannuation system survey (Oct/Nov)
Super Members Council



new survey management software system adopted

Australian-owned Survey Manager provides a higher quality, more user-friendly survey experience for participants and greater research capacity for our organisation



8 formal research reports published & distributed

Full, rigorous reports based on original survey data and in-house analysis



20 articles & other writings in our online venues

Exploring diverse topics related to research in engaging lay language



2 regular research columns for Our Generation magazine

Popular new sex column launched after testing the topic in the main research column

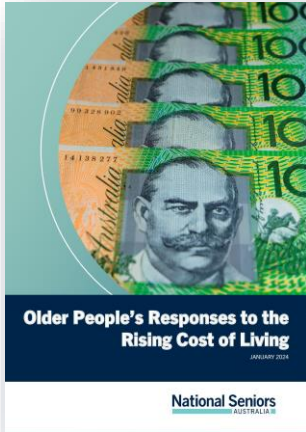


plus business as usual

Research highlights in Member Matters, social media research posts, research ethics approval, collaboration with UNSW Sydney, Productive Ageing Institute, research support for our organisation

Research reports focus: Finance

1



Finances were an important focus of our research reports in 2024.

In January we published the last set of results of our 2023 National Seniors Social Survey, which had a strong cost-of-living focus.

The [qualitative report](#) analysed and reproduced respondents' experiences of the cost-of-living crisis. Comments emphasised the heartbreaking realities of poverty and the sacrifices many have had to make to stay afloat, such as:

"After everything is taken from my pension I'm lucky if I have \$60 and that is my food money for 2 weeks." (72, F, NSW)

"I retired due to ill health when I was 65, before our mortgage was paid off. We can no longer afford to pay for our house and must now sell it." (69, M, WA)

Our 2024 National Seniors Social Survey included a comprehensive module on older people's [experiences with private health insurance](#).

It showed many older people go without other things – from groceries to visiting grandchildren – to keep their cover. That's mostly because it offers them peace of mind or a sense of control. For some, it offers financial benefit.

However, many told us the costs are beginning to outweigh the benefits. Premiums are rising but returns are shrinking. In some cases, private patients are hit with huge out-of-pocket costs, even at top levels of cover. The complexity and confusing nature of policies are a barrier to shopping around.

Some older people have responded by reducing their cover. For others it is just too much, and they have dropped their cover altogether.



This year saw the conclusion of our collaboration with partner Challenger, who have co-sponsored the National Seniors Social Survey since 2012.

A key finding from [our final report with Challenger](#) showed older people feel they will need on average \$10,000 more per year over the Age Pension rate to maintain a basic lifestyle in later life.

In October/November we conducted our third large survey of the year, a collaboration with the Super Members Council.

The survey was a deep exploration of views on the superannuation system. The results will be out 2025.

Research reports focus: Health

2

In 2024 the Department of Health & Aged Care asked us to survey older people on what **COVID measures and precautions** they continued to employ to protect themselves and others.

This included asking whether they accessed COVID boosters when they became available, and if not, why not. In total, 78% said they did. Side effects, feeling it is no longer needed, and disagreeing with COVID vaccination were the main reasons people did not get more COVID boosters.

Three-quarters said they take one or more COVID measures in their everyday lives but make risk assessments to determine how necessary they are.

We also asked people whether they access annual flu vaccinations and if they were vaccinated for shingles. Age was a strongly significant factor for all three vaccinations, with more older people vaccinated.



In anticipation of the National Dementia Action Plan, we included a module on dementia in the 2024 National Seniors Social Survey.

In Dementia Action Week 2024 we launched two reports produced from this module. Head of Research Dr Diane Hosking spoke on radio during the week about the stigma around dementia, the importance of increased understanding and support, risk factors, and preventative measures.

The **first report** showed that older people who have personal experience with dementia are more likely to seek out information about it and to plan for a future with dementia for themselves or a loved one.

It also described the reasons why two thirds of those surveyed worry about developing dementia and some of the misconceptions contributing to that.

The **second report** is comprised of verbatim quotes from respondents, who were invited to share any insights they had learned about dementia that they thought others should know too.

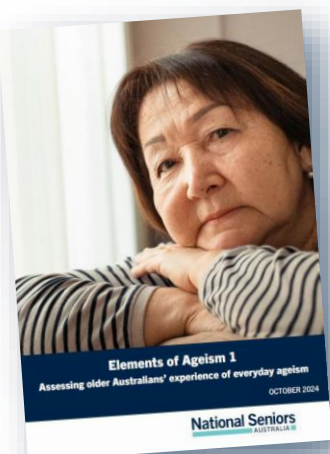
Their comments grouped into ten themes, including how to act when a person has dementia, the impacts it has on others, and factors related to risk and prevention.



The results of two further National Seniors Social Survey modules – on healthy ageing and social connection – will be written up in 2025. A manuscript about the meanings of pets for older people is under draft based on a question from these modules. When complete, it will be submitted to the peer-reviewed journal *Anthrozoös*. Among other things, respondents told us how important pets are for their health and wellbeing.

Research reports focus: Ageism

3



The 2024 National Seniors Social Survey included a module about ageism. In October we published the first two of four reports planned from it.

Elements of Ageism 1 approached ageism from a quantitative perspective using a tool called the Everyday Ageism Scale, validated in the peer-reviewed literature. The scale includes 10 questions that cover three types of ageism: representations of older people in the public world, interpersonal assumptions people make about older individuals, and older people's own negative expectations of ageing (seen as a form of internalised ageism).

Our report found that older people from socially or financially disadvantaged groups were more likely to experience everyday ageism.

Traits associated with higher scores on the scale included: having less in savings and investments, feeling finances were tight rather than comfortable, being in poorer health, being a member of a diversity group, being 85 or older, feeling lonely sometimes, and feeling discontented with how one's time is spent.



Elements of Ageism 2 was based on a qualitative question which asked respondents if there were any activities they had chosen not to participate in because of self-consciousness about their age.

Some respondents showed this was indeed the case for them, that self-consciousness about their age stopped them from going to live music events, participating in exercise, and more. Body image problems were an issue for some, who did not want to expose their ageing bodies to the world.

Others had experienced ageist bullying and mockery when participating in activities they enjoyed – especially exercise – discouraging them from continuing. The behaviours self included being laughed at and told to act their age.

Two more reports about ageism are in the works to be published in 2025 on themes of ③ exclusion & discrimination, and ④ annoying assumptions made about older people.

