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Views and experience of the aged care system in Australia – April 2021

ANU Centre for Social Research and Methods

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Abstract

In April 2021, the ANU Centre for Social Research and Methods conducted an ANUpoll with a focus on the views and experiences of the aged care system. In this paper we look at the distribution and impact of caring responsibilities, confidence in the aged care system, views on future caring responsibilities, and views on an aged care levy. While there has been a considerable investment of funds into the aged care system in the most recent budget, those funds will only be able to lead to improved outcomes if there is a well-trained and long-term workforce. In the paper we therefore look at views on aged care careers as held by the Australian population.

Executive summary

- 1) **More than one in ten Australians provide at least some form of care** (11.8 per cent).
 - a) Females and those with relatively low levels of education are more likely to provide this care.
 - b) More than half of those who aren't currently providing care expecting to do so in the future (54.4 per cent).
 - c) Compared to the rest of the adult population, the aged care workforce is more likely to be female, Indigenous, born in a non-English speaking country, and in the middle part of the education distribution.
 - d) Most current carers experience impacts from their caring with 27.7 per cent reporting impacts on their work, 43.2 per cent on their family responsibilities, and 56.0 per cent on their ability to do the things they want to.
 - e) Just over half of respondents (54.4 per cent) not providing care think it is possible they will need to do so in the future.
 - f) Females, in particular, report greater impacts.
- 2) There is a **lack of confidence in the aged care system in Australia**. 1.8 per cent of Australians had a great deal of confidence in aged care, alongside 31.1 per cent who had quite a lot of confidence.
 - a) Confidence appears to be declining and is lower than for many other institutions in Australia, including the federal government in Canberra; the public service; state/territory governments, hospitals and the health system, the police, schools and universities.
 - b) Younger Australians, those who were born overseas, those who spoke a language other than English, and those who live outside of a capital city had higher levels of confidence in the aged care system.
 - c) Females and older Australians (aged 65 years and over) reported lower levels of confidence.
 - d) Current workers have far more confidence in the system than those who have never worked in aged care. Those who previously worked in the system do not, however, have a greater level of confidence than those who never have.
 - e) Those finding it difficult to meet expenditure on their current income and those who have experienced loneliness in the past 4 weeks are significantly and substantially less confident in the system.
- 3) A large proportion of those aged 45 years and over worry they will be a **burden on their own family** when they age – 12.4 per cent of respondents said they worry a lot, with an additional 47.0 per cent saying they worry sometimes.
- 4) There is a **significant amount of concern across the community in terms of affordability**.
 - a) More people were confident or very confident about affording aged care services at home (45.0 per cent and 11.1 per cent respectively) than affording aged care services in a facility (29.1 per cent confident and 5.4 per cent very confident).
 - b) Females and those who have not completed year 12 were less confident about affording either of the forms of care.
 - c) Current carers were more concerned about being able to afford services in a facility.
 - d) Those experiencing financial difficulty, loneliness, and have fewer assets had less confidence in being able to afford either care in the home or in a facility.
- 5) **Most Australians support a levy being applied to taxpayers to fund aged care services**.
 - a) The greatest level of support is for a levy applied to all taxpayers, with a sizeable minority supporting a levy being applied to the top 1 per cent or 2 per cent of taxpayers only.
- 6) The majority of Australians **would definitely not recommend a career in aged care** for either a young person or an unemployed person.
 - a) The current aged care workforce is far more positive towards the industry than the general population.
 - b) The two most common reasons for not recommending such a career are the type of work and the pay.
 - c) Around three-quarters of those who would recommend someone work in the industry gave the value or importance of the work and the chances of getting a job as two of their reasons for doing so.

1 Introduction and overview

The Australian government's first intergenerational report in 2002 highlighted the existing and emerging issues associated with an ageing population. In the most recent report in 2015, the report stated that:

'Australians will live longer and continue to have one of the longest life expectancies in the world. In 2054-55, life expectancy at birth is projected to be 95.1 years for men and 96.6 years for women, compared with 91.5 and 93.6 years today. In 2054-55, there are projected to be around 40,000 people aged over 100. This is a dramatic increase, well over three hundred times the 122 Australian centenarians in 1974-75. Australians live longer than before and that number is increasing as a per cent of the total population.'

Unlike some countries where COVID-19 mortality has hit particularly hard, Australia's life expectancy does not appear to have been negatively impacted by the pandemic. Indeed, the substantial reduction in net migration has, if anything, led to an increase in the average age of Australians, as migrants tend to be younger than the existing Australian population, and tend also to have higher fertility rates (Page et al. 2007).

Of key relevance for the economic impact of the age structure of a country is the dependency ratio – or the per cent of a country who are outside of the prime working-age band (aged 15 to 64 years). More specifically, the old-age dependency ratio expresses those aged 65 and over as a ratio of the prime working-age population. According to the Parliamentary Budget Office (2019), this increased from 13 to 21 people over age 65 for every 100 working age people between 1971 and 2011. This trend has accelerated since, and is expected to continue to accelerate with ABS population estimates suggesting that as of June 2020 there were 25 people aged 65 years and over for every 100 persons of working age.

As Australians live longer, they are also frailer and have a greater likelihood of chronic health issues. In terms of overall expenditure, Australia spends 1.2 per cent of GDP on aged care compared to between 3 and 5 per cent in comparable countries (Duckett et al, 2020: 10). In comparative terms Australia has the highest number of people living in aged care facilities of all OECD countries (Dyer et al. 2020: xii). Dyer and colleagues estimated that 19.7 per cent of Australians older than 80 live in residential care facilities compared with 6.1 per cent in the US, 11.4 per cent in Germany, 12.4 per cent in Canada, 14.6 per cent in New Zealand and 16.7 per cent in Switzerland (2020: pxii). It is estimated that those who live to 80 years have a one in four chance of spending their last days in an aged care facility.

Although there had been years of complaints, scandals, ad hoc and incremental reforms, and calls for more funding, the final impetus for the establishment of a Royal Commission was a two-part investigate program by Anne Connolly on the ABC Four Corners. Two days prior to the program being aired nationally on the 17th and 24th September 2018, the Prime Minister announced he would establish a royal commission into the sector. The ABC program was the largest crowd-sourced program in its history with more than 4000 submissions from staff, families, and various advocates. The Royal Commission received over 10,000 public submissions, the largest ever received in the history of Australian Royal Commission. To date only a selected subset of these submissions have been released publicly.

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The Royal Commission into Aged Care Quality and Safety was formally established on the 8th of October 2018 and delivered its final report on the 26th February 2021. The purpose of the Commission was to examine the quality and safety of aged care services for those living in either residential aged care or those receiving in-home aged care support. The Commission had a wide-ranging brief to examine whether services were ‘fit for purpose’ across a range of factors including young people with disabilities in care, people living with dementia, control and choice by clients, carers and families, sustainability of service delivery across remote, rural and regional Australia, and changing demographics and preferences for care and delivery options including technology, models of care, investment needs and the workforce.

An interim report was delivered on the 31st of October 2019, a special report on COVID-19 and aged care on the 1st of October 2020, and the final report on the 26th of February 2021. This report was spread over five volumes (with Volumes 3 and 4 split into two and three sub-volumes respectively), with the summary of the report alone extending to 115 pages. There were 148 recommendations. Rare amongst royal commissions, the two Commissioners gave a number of separate recommendations that, although not necessarily contradictory, were at least approaching the same problem with somewhat different solutions.

The two Commissioners and media reporting found the aged care system is exceedingly complex and in desperate need of significant reform. The current state of the system is described as such:

Our examination of systemic problems in the Australian aged care system cannot help but paint a gloomy picture. The current state of the aged care system is a fairly predictable outcome of the various systemic problems we have identified. This is why significant change is required. The delivery of aged care in Australia is not intended to be cruel or uncaring. Many of the people and institutions in the aged care sector want to deliver the best possible care to older people, but are overwhelmed, underfunded or out of their depth. (Royal Commission into Aged Care Quality and Safety, 2021: 78).

There was a significant amount of new information uncovered in the Royal Commission through specific studies into particular areas. The Commission also pulled together the long history of numerous reports into the sector that have documented the strains and challenges faced by the system. This included the detailed significant personal experiences from those who were using aged care services, those providing care themselves or for aged family members, and from the aged care workforce and industry.

Aged care touches many people either directly or indirectly across the community. There has been a long-documented history of cases of neglect and abuse dating back to the Giles Report (1985). Further, the Royal Commission estimated that almost 50 people a week could be experiencing unlawful sexual contact in these facilities and one in three have experienced substandard care (Royal Commission into Aged Care Quality and Safety, 2021: 140).

A recent example which eventually became a national scandal was the Oakden tragedy that unfolded over many years and eventually lead to the closure of the facility; a rare event in the sector. One of the challenges which the Commissioners noted is the lack of transparency in obtaining information at any level of the aged care system. In the Oakden case, Barbara Spriggs, whose husband died shortly after being admitted to the nursing home, noted in her statement ‘To this day, I do not know what happened to Bob at Oakden’ (Spriggs, 2019: 3).

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The Commission highlighted that the ‘lack of transparency is a pervasive feature of the current aged care system’ and the consequence was that ‘It has been an important contributing cause of a number of the quality problems’ (Royal Commission into Quality and Safety, 2021: 76). The Commissioners’ recommendations include a range of initiatives to improve transparency across the system including financing, care standards, regulatory arrangements and research and innovation. More specifically they recommended ‘the Australian Government should provide funding equal to 1.8 per cent of total Australian Government expenditure on aged care to the Aged Care Research and Innovation Fund each year’ (Royal Commission into Aged Care Quality and Safety, 2021: 277). The government has not committed to the creation nor funding for such a scheme as it regards it as not sustainable (Department of Health, 2021: 66).

In response to the Royal Commission the government announced in the recent budget (2021-22) an additional \$17.7 billion to improving the aged care system over 5 years.¹ Of this, \$6.5 billion has been identified for ‘for an additional 80,000 Home Care Packages’ with \$3.9 billion ‘to increase front line care for senior Australians living in residential aged care’.

The Commissioners noted the lack of positive community attitudes towards ageing and the elderly. Age discrimination is widely pervasive in Australia and Commissioner Briggs noted that ‘ageism is a systemic problem in the Australian community that must be addressed’ (Royal Commission into Aged Care Quality and Safety, 2021: 75). In February 2020, the ANU Centre for Social Research and Methods conducted a poll on the Life in Australia™ panel and asked respondents ‘Would you describe yourself as being a member of a group that is discriminated against in this country?’ with those who said yes asked on what grounds the respondent’s group was discriminated against. Very few Australians (less than 1 per cent) under the age of 45 reported that they were discriminated against because of their age. However, this increased to 4.0 per cent for those aged 45 to 54, and 6.8 per cent for those aged 55 to 74 years. There is a small decline in discrimination for those aged 75 years and over, with 3.4 per cent saying that they were in a group that was discriminated against because of their age.

In January 2021, the ANU Centre for Social Research and Methods undertook a survey with a partial focus on retirement income. The report (Biddle, Breunig and Marasinghe, 2021) concluded that ‘There is a large and increasing majority of Australians who think they will run out of savings prior to death, with only a small (and declining) per cent of Australians thinking that they definitely will not’. Females in particular were more likely to report this form of longevity risk.

In its most recent ANUPoll in April 2021, the ANU Centre for Social Research and Methods partially focused on the views and experiences of the aged care system. This paper summarises the data that pertains to the aged care system from this survey. The last time such questions were asked as part of the ANUpoll was in October 2015, and we make comparisons with certain questions from that previous survey. The data from both the 2015 and the 2021 surveys are also available for further analysis through the Australian Data Archive in unit-record form.

¹ <https://www.health.gov.au/news/budget-delivers-177-billion-for-once-in-a-generation-change-to-aged-care-in-australia>

The remainder of the paper is structured as follows. In the next section (2) we look at the distribution and impact of caring responsibilities, with section 3 focusing on confidence in the aged care system. In section 4 we then look at views on future caring responsibilities, with section 5 focusing on a key recommendation of the Royal Commission, an aged care levy. While there has been a considerable investment of funds into the aged care system in the most recent budget, those funds will only be able to lead to improved outcomes if there is a well-trained and long-term workforce. In section 6, we therefore look at views on aged care careers as held by the Australian population. Section 7 provides some concluding comments.

The data used in this paper is described in detail in Appendix 1 and tables of regression output are given in Appendix 2.

2 The distribution and impact of caring responsibilities

It is widely accepted that informal carers are critical to the aged care system. In 2018-19 there were over 3,000 aged care providers, while in 2018 ‘around 428,500 people were informal primary carers for someone aged 65 years or older’ (Royal Commission into Aged Care Quality and Safety, 2021: 64).

There are three main ways in which a person might have a direct interaction with the aged care system. Most obviously, someone might be receiving services themselves either in home or in a facility. The Life in Australia™ panel is not the ideal mechanism to survey these individuals. Second, they may be workers in the aged care system, with issues to do with the aged care workforce covered in subsequent sections in this paper. The third, and most common way is as a carer.

2.1 Who provides care?

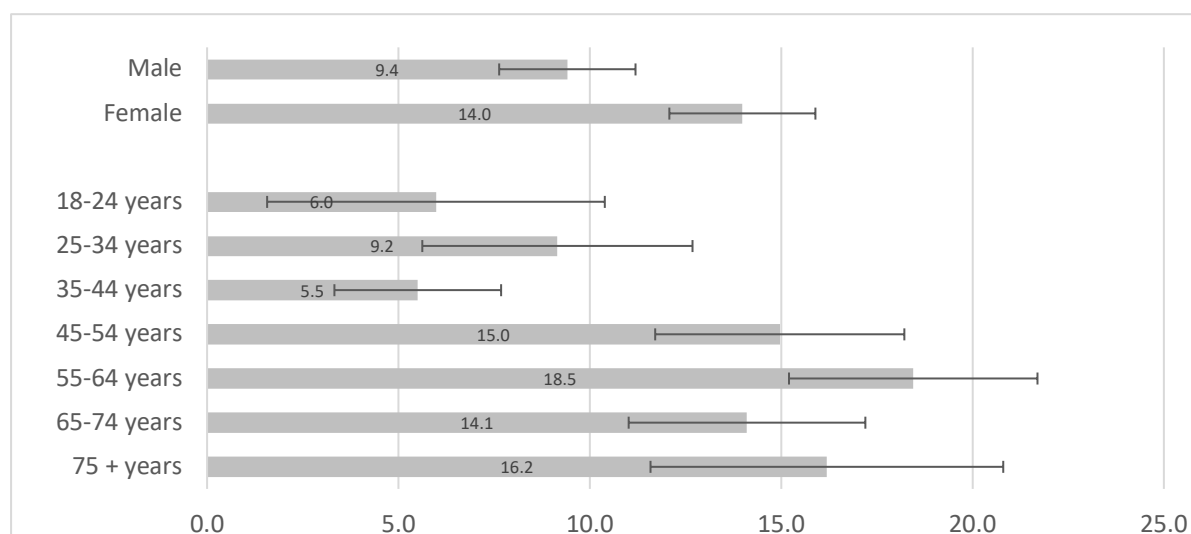
In the April 2021 ANUpoll, there were 445 individuals in the sample who said that they ‘currently provide care to an aged member of their family’. After applying weights, we estimate that 11.8 per cent of adults in Australia provide such care. This is slightly lower than the proportion given in the October 2015 ANUpoll (15 per cent) though the differences are not statistically significant.

When multiplied by the September 2020 estimate of the Australian adult population, this gives an estimate of 2.3 million Australians who say they provide care to an aged member of their family. This is multiple times larger than the estimate given above of those who are ‘informal primary carers’ and highlights that the provision of care for the aged is much more prevalent than just those who work in the system or who are primary carers. It also highlights that what constitutes ‘care’ may mean different things to different people.

Females are significantly and substantially more likely to say they provide care for an aged member of their family than males (14.0 per cent compared to 9.4 per cent – Figure 1). The lowest rate of caring is for those aged 35 to 44 years (5.8 per cent). There are higher rates of caring for all four age groups beyond the age of 45 years, with those aged 25 to 34 years appearing to be slightly more likely to provide care though the difference is not statistically significant (p -value = 0.18). In the remainder of the paper, we group the sample into those aged 18 to 44 (low caring population), those aged 45 to 64 (high caring), and those aged 65 years and over (potential receivers of care, whilst still caring themselves).

In addition to age and sex, there are a number of other population subgroups that had relatively high caring responsibilities. Those who were born overseas were substantially less likely to provide care (7.8 per cent) than those born in Australia (13.8 per cent). This likely represents the lower likelihood that someone who was born overseas having a parent or other aged family member living in Australia. Those who have not completed year 12 have higher rates of caring (17.8 per cent) than those who have completed year 12 (10.7 per cent). This potentially reflects more limited access to economic resources to pay for care, a lower opportunity cost of time, and potentially the impact of caring in the past on human capital development.

Figure 1 Per cent caring for an aged person in the family – by age and sex, April 2021



Source: ANUpoll: April 2021

Those who did not currently have caring responsibilities were asked ‘Do you think that at some time in the future it is possible that you may have to provide care for an aged member of your family?’. 54.4 per cent of respondents said that it was possible, much higher than the 46 per cent of Australians estimated to provide care in the future when asked in 2015. Expectations of future caring responsibilities have increased substantially as the proportion of the population aged over 65 years increases.

2.2 The impact of caring

Those respondents who had caring responsibility for an aged member of their family were asked whether it impacts negatively on three aspects of their life. Of the sample of carers, 27.7 per cent of respondents said it impacted on their work, 43.2 per cent said it impacted on their family responsibilities, and 56.0 per cent said it impacted on their ability to do the things they want to. In total, 61.8 per cent of those with caring responsibility reported at least one of the impacts, slightly above the 56 per cent in October 2015.

There are some differences across the population in the impacts of caring. Older carers are, perhaps not surprisingly, impacted far less in terms of work – 10.3 per cent for those aged 65 years and over compared to 33.8 per cent for younger carers. However, it is younger carers who are most impacted in terms of family responsibilities – 63.9 per cent for those aged 18 to 44 years compared to 34.8 per cent for other carers.

Those carers who speak a language other than English are more likely to report impacts on their work – 58.2 per cent compared to 22.4 per cent for the rest of the population of carers. This may reflect the type of work and in particular the lack of flexibility/autonomy that those who speak a language other than English engage in.

Interestingly, Aboriginal and Torres Strait Islander carers in the sample are far less likely to say that caring for the aged impacts on their ability to do the things they want – 23.6 per cent compared to 57.0 per cent for non-Indigenous carers. This may reflect the way in which elders are incorporated into a range of cultural, economic, and social activities within Indigenous communities in Australia.

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Those who said that they expect to have future caring responsibilities were asked 'How concerned are you that this may have a big negative impact on you, your work or your family?'. 12.9 per cent reported that they were very much concerned, alongside 23.9 per cent who said that they were concerned. The most common response (given by 45.2 per cent of respondents) was that they were a little concerned, leaving only 18.1 per cent who said that they were not concerned at all.

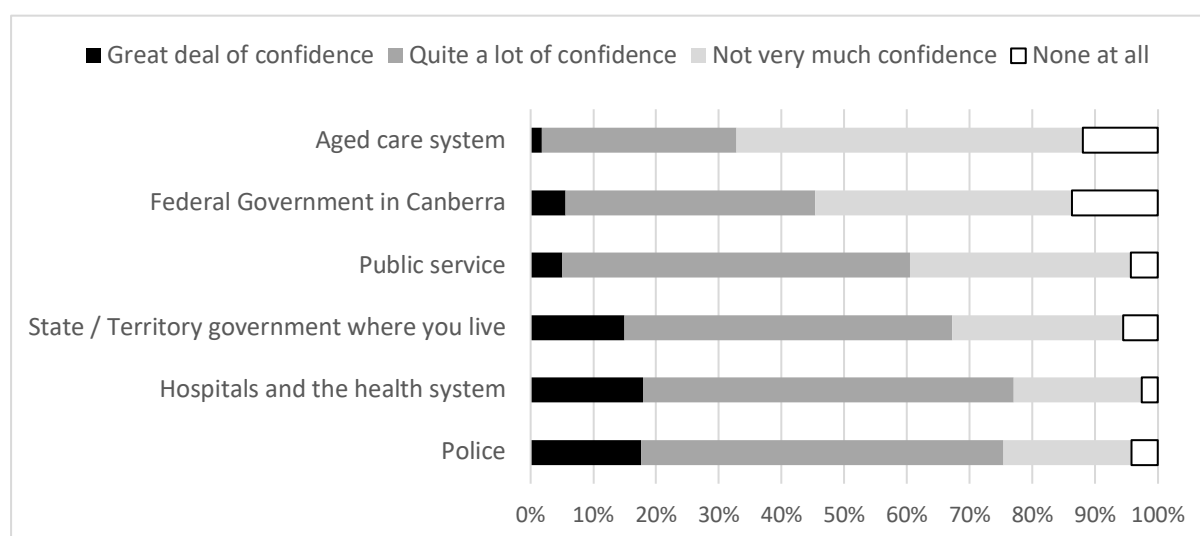
3 Confidence in the aged care system

The Royal Commission concluded that ‘It is fair to say that many people have lost confidence in the leadership and oversight of the aged care sector. There is, therefore, a great and pressing need to strengthen the current arrangements if the trust and confidence of the Australian community in the Government’s stewardship of the aged care system is to be rebuilt and maintained’ (Royal Commission into Aged Care Quality and Safety, 2021: 81).

The first question asked on aged care in the April 2021 ANUpoll was the level of confidence in the system. Confidence was very low. Only 1.8 per cent of Australians said they had a great deal of confidence, alongside 31.1 per cent who had quite a lot of confidence (32.8 per cent in total who were confident). More than half of Australians (55.2 per cent) were estimated to have not very much confidence, with a further 12.0 per cent who had no confidence at all.

Not only is the level of confidence in the system low, but it has declined over the recent past. The last time the question was asked on the Life in Australia™ panel was in November 2020 (prior to the release of the final report from the Royal Commission). When asked in November, 2.7 per cent of respondents said they had a great deal of confidence, alongside 35.6 per cent who had quite a lot of confidence (38.3 per cent in total who were confident). This decline in confidence may have been as a response to the release of the Royal Commission report and the associated media coverage.

Figure 2 Confidence in institutions in Australia, percentages, April 2021



Source: ANUpoll: April 2021

There were five other institutions asked about in April 2021, for all of which respondents reported a higher level of confidence in than the aged care system (significantly in a statistical sense, and substantially) – 45.4 per cent had quite a lot or a great deal of confidence in the federal government in Canberra; 60.5 per cent in the public service; 67.2 per cent in the state/territory government in which the person lives; and 75.4 per cent in the police. The highest levels of confidence were in hospitals and the health system (77.0 per cent). When a similar question was asked in November 2020, 77.9 per cent of respondents reported confidence in schools and 70.9 per cent reported confidence in universities. Across many of the key institutions in Australia, the aged care system has some of the lowest levels of confidence.

3.1 Analysing the factors associated with confidence in the aged care system

While confidence in the aged care system is relatively low in general, it is not evenly spread across the population. We might expect that people's exposure to the system matters, as well as the resources that they have access to in order to navigate the system. To explore this further, we use a regression-style approach, starting off with a simple set of demographic, geographic, and socioeconomic explanatory variables. We then progressively add extra explanatory variables, to control for different aspects of exposure to and need for interaction with the system. Results are presented in Table 1 in Appendix 2.

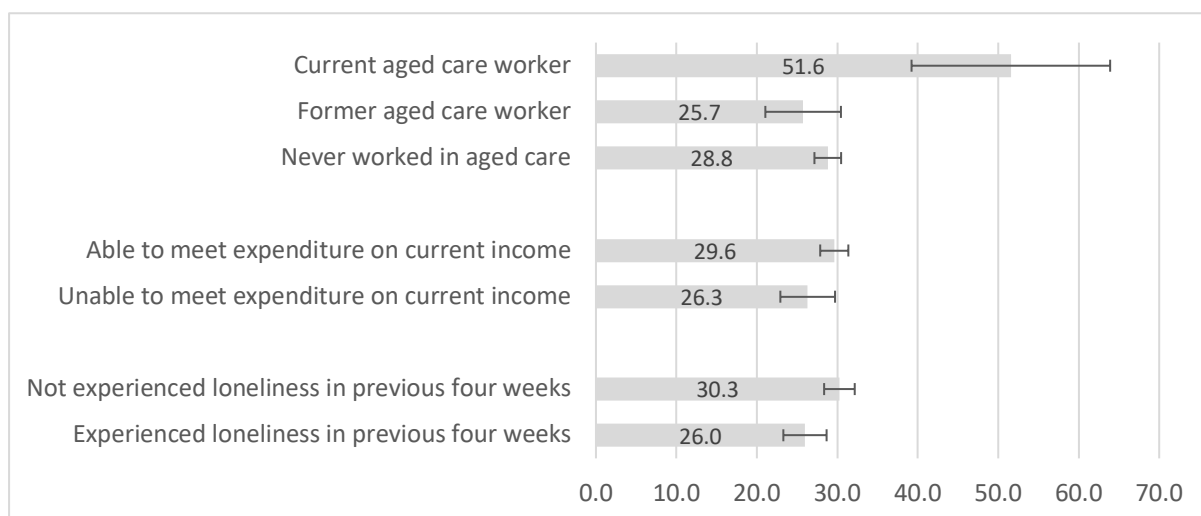
In the first model, with background variables only, we find that younger Australians (aged 18 to 44 years), those who were born overseas, those who spoke a language other than English, and those who live outside of a capital city had higher levels of confidence in the aged care system. On the other hand, females and older Australians (aged 55 years and over) reported lower levels of confidence.

A priori, it might be expected that greater exposure to the aged care system (through being a carer) impacts on confidence in the system. This does not appear to be the case. When we control for background characteristics, there is no association between confidence in the aged care system and whether or not a person is currently providing care for an aged member of their family (Model 2). There was, however, an association with working in the system. Specifically, current workers have far more confidence in the system than those who have never worked in aged care. Those who previously worked in the system do not, however, have a greater (or lower) level of confidence than those who never have.

In the third model for the analysis, we control for a range of variables related to access to economic resources. The variable which has the strongest association is our financial stress measure. Specifically, those who say that they are finding it difficult to meet expenditure on their current income are significantly and substantially less confident in the system. In addition, those who have experienced loneliness, potentially as a proxy for lack of social support, had lower levels of confidence. Controlling for this financial stress measure, there is no relationship with rental stress, housing tenure, other assets, current employment status, or household income.

We can see the scale of some of these differences in Figure 3, by looking at the per cent of respondents who had a great deal or quite a lot of confidence in the aged care system across select groups. Those who are not in financial stress were 3.3 percentage points more likely to report confidence, those who were lonely had a 4.3 percentage point difference to those who were not lonely, and aged care workers had a massive 22.8 percentage point difference in confidence compared to those who had never worked in the industry.

Figure 3 Confidence in aged care in Australia by select characteristics, percentages, April 2021



Source: ANUpoll: April 2021

In the final model, we find that confidence in other institutions is strongly associated with confidence in the aged care system. The two strongest predictors are confidence in the federal government and confidence in hospitals and the health care system. The only institution that did not have an association in the multivariate model is confidence in state/territory governments, potentially suggesting that respondents see the federal government as having responsibility for aged care in Australia. Importantly, when people have high levels of confidence in public institutions more broadly, the adequacy of their income and social support as measured by loneliness is no longer a significant determinant of their confidence in aged care.

4 Future aged care needs and concerns

While Australia has already started to witness the impact of the aging of the population, the demographic projections discussed in the introduction to this paper suggest that these impacts are only likely to increase into the future, with ever growing demands on the system.

4.1 Who is concerned about being a burden on the system?

Respondents aged 45 years and over (69.3 per cent of the sample)² were asked whether they ever worry that they might become a burden on their family later in life. Across this age cohort, 12.4 per cent of respondents who were asked the question said that yes, they worry a lot, with the most common response being that they worry sometimes (47.0 per cent). The remainder of the sample (around two-fifths of those aged 45 years and over) said that they do not usually worry (28.0 per cent) or they do not worry at all (12.4 per cent).

There appears to be a number of risk factors for concerns about being a future burden, as well as a number of protective factors (Table 2). Demographically, females are more concerned about being a burden, whereas those who live outside of a capital city are less concerned. Those who have confidence in the aged care system are less likely to say that they are concerned they themselves will be a future burden. Those who are experiencing general financial stress and in particular those who are not able to meet their mortgage or rental payments are far more likely to say that they are worried about being a burden, as are those who have experienced loneliness.

Interestingly and somewhat surprisingly, when we control for these stress measures, there is no difference in concern for those who are currently renting their dwelling. There are, however, differences with some of the other tenure types, with those who are paying off a mortgage having greater concern. The other protective factor (in addition to home ownership) is ASX share ownership, with those who own shares being less concerned than those who do not.

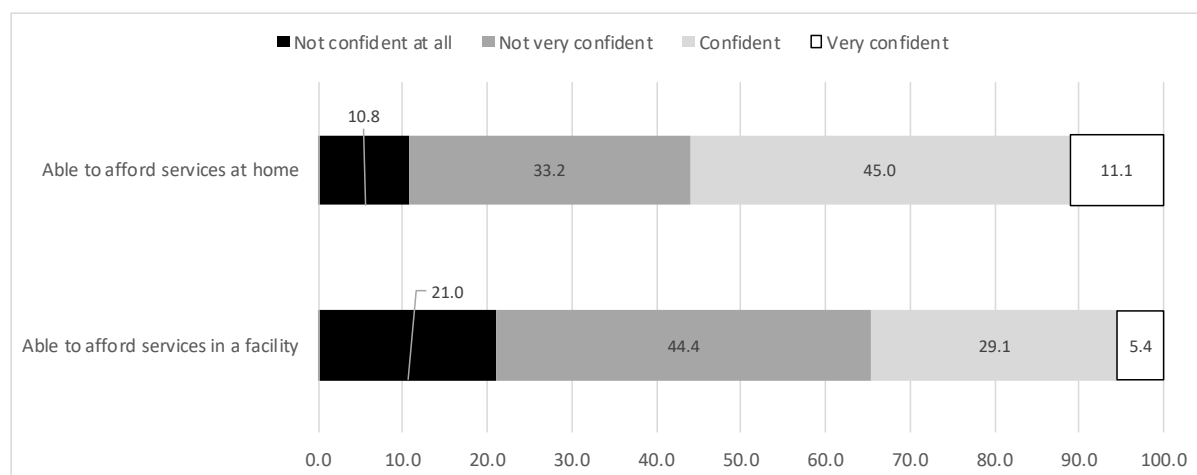
Those who are currently providing care for an aged family member are more likely to have concerns about themselves being a future burden. This may reflect the additional insights that caring can bring in terms of the human and economic costs, or the increased salience of the issue for those who themselves provide a caring role.

4.2 Affordability of services

All respondents to the survey (that is, those aged 18 to 44 and those aged 45 years and over) were told to 'think about aged care services you could use in the future' and were then asked how confident they were that they would be able to afford the services provided either at home or at an aged care nursing facility. That is, we asked two separate questions, presented in random order. More people were confident or very confident about being able to afford aged care services at home (45.0 per cent and 11.1 per cent respectively) than being able to afford aged care services in a facility (29.1 per cent confident and 5.4 per cent very confident).

² Those aged 18 to 44 years were asked a separate question about fertility intentions.

Figure 4 Self perceived ability to afford future aged care services, percentages, April 2021



Source: ANUpoll: April 2021

We analysed the factors associated with level of confidence in being able to afford services, with some quite significant differences in confidence across the population. Controlling for demographic, socioeconomic, and geographic variables only (Model 1 in Table 3a), females, those in single adult households (with and without children), and those who had not completed Year 12 were less confident they would be able to afford services at home. However, older Australians (aged 65 years and over), those who spoke a language other than English, and those with a degree were more confident they would be able to afford aged care services at home.

There were similar determinants in confidence in being able to afford services in a facility (Table 3b). Females, those in single adult households (with and without children), and those who had not completed Year 12 were also less confident they would be able to afford services in an aged care facility, alongside those born overseas, and those who live outside of a capital city. Older Australians and those with a degree were more confident about being able to afford services in a facility.

Looking at the more expanded model, those who were confident in the aged care system were more confident that they would be able to afford services at home and in a facility. Those who were in financial stress (either generally or with regards to housing specifically) were less confident they would be able to afford services, whereas those who owned their own home without a mortgage were more confident. Other financial assets also helped with confidence, in particular ownership of shares and owning an investment property, as did current household income. This is consistent with a 2018 report by the Aged Care Financial Authority who found people firstly drew on cash resources such as the pension and superannuation, and then capital assets such as investments and the family home.

Financial assets provide people with choice as to where and which services they access. This is particularly pertinent for residential care where ‘unsupported’ residents during 2019-20 paid an average of \$450,000 deposit or a DAP of \$60.10 (Aged Care Financing Authority, 2021: 7) ³.

A consistent finding in the literature is that many elderly people are lonely and it is one of their major concerns (Royal Commission into Aged Care Quality and Standards, 2021: 28). Loneliness

³ It is difficult to find detailed data on refundable accommodation payments. The Aged Care Financing Authority 2021 report does not provide details on the distribution of charges to residents (ie mode, median, and standard deviation) other than noting it has almost doubled since 2013-2014.

has been linked to the high rates of depression in the elderly and the Royal Commission saw loneliness as an indicator of substandard care with the mechanisms to prevent social isolation including services for 'social activities, transport, delivered meals and centre-based day care' (Royal Commission into Aged Care Quality and Standards, 2021: 100). The Commission argued that providing these at home would reduce demand for access to more costly aged care facilities. It has been estimated that up to 40 per cent of people in residential facilities do not receive visitors with staffing levels and funding arrangements focused on tasks rather than individual care needs (Royal Commission into Aged Care Quality and Standards, 2021: 100).

In our analysis, those with high rates of loneliness have much lower levels of confidence in their ability to afford aged care regardless of the setting. This is in spite of the fact that services at home and access to residential aged care are means tested and those at the bottom of the assets and income scales who are assessed as a 'supported' resident have their accommodation costs paid by the Australian Government, although it may not be of a quality they desire and choice will be limited. The Aged Care Financing Authority (2020: 137) reported that 48.4 per cent of residents in residential care were 'supported', indicating that just over half of people entering aged care facilities will need to pay a 'refundable accommodation deposit (RAD)' or a daily payment. The Royal Commission estimated in 2018-19 that the elderly co-contributed \$5.6 billion to the costs of their care (Royal Commission into Aged Care Quality and Standards, 2021:63) while the federal government expended \$21.4 billion on aged care programs in 2019-20 (Aged Care Financing Authority, 2020: 12).

The Royal Commission recommended that refundable accommodation deposits be phased out and the Aged Care Financing Authority was tasked with reviewing the role of refundable accommodation deposits and the basic daily fee. Although the report (which did not consult residents or their carers (Aged Care Financing Authority, 2021)) presents a range of scenarios, it is evident that the Authority does not see any other suitable funding model. This is due to the financial health of the sector, the risks to the financial viability of the sector associated with transitioning to a new model and the political challenges of including the full cost of the family home in determining who is a 'supported' and 'unsupported' resident. However, a 2018 report by the Authority indicates that accommodation payment options are not well understood and 'may lead to perceived concerns over the high cost or unaffordability of residential aged care' (Aged Care Financing Authority, 2018: 38).

This means that individuals and families, who have no way of predicting their likely need for aged residential care compounded by 'current retirement planning tools [that] do not include aged care costs' (Age Care Financial Authority, 2018: 92), will likely continue to worry about their capacity to afford aged care particularly if governments require individuals to make increasingly larger co-contributions.

Looking across all the variables together, there was a very steep socioeconomic gradient when it comes to confidence in being able to afford aged care in the future. People's ability to accumulate assets or human capital appears to be a very strong determinant of their confidence.

5 Support for an aged care levy

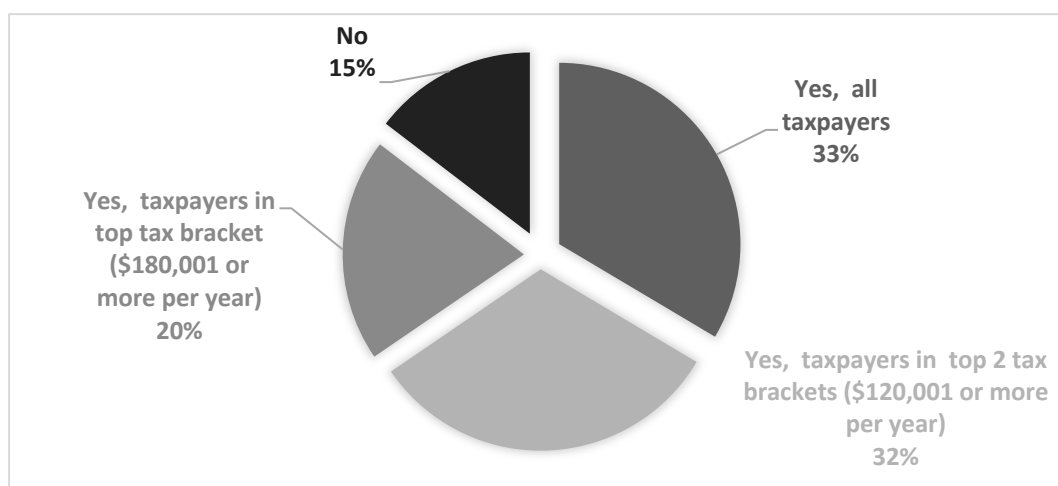
There is the potential that funds currently dedicated towards the aged care system can be used more effectively than they currently are. There is also the potential for some savings to be generated from other portfolios. However, both of the Commissioners recognised that to implement many of their recommendations, additional funds will need to be generated, much of which will need to come from government. Many in the sector have argued for some time that more funding and changes to the funding models were necessary. The Commissioners differed somewhat, however, in the mechanism to generate this revenue. We test support for one form of revenue collection, an aged care levy.

Respondents were told: ‘An aged care improvement levy, which would be funded through taxation payments, has been suggested to increase funding for the aged care sector.’ They were then asked ‘Would you support a 1 per cent “aged care improvement levy”, sourced from personal taxable income?’ with response options allowing for targeting to some, but not all taxpayers.

Despite government rejecting a targeted levy, the majority of Australians support a levy. Only 14.6 per cent of respondents said that they would not support such a levy. Of those who were supportive, 33.5 per cent said ‘Yes, for all taxpayers’, 31.9 per cent said ‘Yes, for taxpayers in the top 2 tax brackets (\$120,001 or more per year)’, and 19.9 per cent said ‘Yes, for taxpayers in the top tax bracket (\$180,001 or more per year).’

Apart from speaking a language other than English (which had a negative association) and being aged under 45 (which had a positive association), none of the standard demographic, socioeconomic, and geographic factors were associated with support for a levy compared to not being in support of a levy (Table 4).

Figure 5 Support for an aged care improvement levy, percentages, April 2021



Source: ANUpoll: April 2021

However, when controlling for these characteristics, those who said they would have voted Labor (if an election was held when the survey was taking place), and in particular those who said they would have voted Greens, were more supportive of a levy (compared to those who said they would have voted for the Coalition). Those who did not know who they would have voted for are not significantly different from Coalition voters while those who would have voted for an 'other' party are much less likely to support a levy than coalition supporters. Despite this variation, at least three-quarters of supporters of all the party groupings supported an aged care levy – 82.5 per cent for Coalition voters; 88.6 per cent for Labor voters; 92.8 per cent for greens voters; 72.1 per cent for 'Other' party voters; and 85.7 per cent for those who did not know who they would vote for.

6 Careers in Aged care

The Australian Government has rationed the provision of both residential and in-home places to a fixed proportion of the population aged 70 years and over. Around 1.3 million people in 2018-2019 were receiving services either via the Commonwealth Home Support Programme (about 841,000 people), followed by residential aged care (about 243,000 people) and Home Care Packages (about 133,000 people) (Royal Commission into Aged Care Quality and Safety, 2021: 63). However, there are significant waiting lists, particularly for high care with the Commission reporting that in mid 2020 ‘102,081 older people were waiting for a package at their approved level’ (Royal Commission into Aged Care Quality and Safety, 2021: 66). In response, the government agreed to a New Aged Care Act that would enshrine ‘a universal right to high quality, safe and timely support and care’ (Department of Health, 2021: 1) and they accepted in principle ‘to providing immediate access to home care packages to senior Australians with highest needs’ (Department of Health, 2021: 30).

Critical to this is a trained workforce. The government has responded to the many recommendations on this issue with the development of a whole-of-government Care Workforce Strategy. Initial allocations in the 2020-2021 budget included funding for an additional 33,800 places via the JobTrainer Fund, as well as more specific requirements (i.e., dementia and palliative care) and professional development by training providers across the myriad of ‘workers’ involved in the delivery of services in the sector.

It was recognised by the Royal Commission that it will be very difficult to improve the quality of aged care provision if there is not a large increase in the workforce. The last National Aged Care Workforce Census and Survey in 2016 found there were around 366,000 paid workers, with an additional 68,000 volunteers (Aged Care Financing Authority, 2020: 14). Although there are options for technological innovation including more efficient and effective digital record keeping, aged care will continue to be a labour-intensive industry. However, up until now, and particularly in recent years, the aged care industry has struggled to maintain an adequate workforce. This was most evident during COVID with the Australian government providing ‘funding of \$235 million for a COVID-19 retention bonus for direct care workers in residential aged care and home care. Additional funding was also provided to upskill aged care workers in infection control, enable residential and home aged care providers to hire extra nurses and aged care workers, and increase aged care staff and training to facilities during an outbreak’ (Aged Care Financing Authority, 2020: 14). The sector has also relied heavily on new immigrants who can enter the aged care workforce due to minimal qualifications and English language requirements.

In our sample, 2.1 per cent of adults were identified as currently working in aged care. However, the aged care workforce is not evenly distributed across the sample. Females are more likely to be aged care workers than males (2.9 per cent compared to 1.3 per cent), and Indigenous Australians are more likely to be aged care workers than non-Indigenous Australians (6.0 per cent compared to 2.0 per cent). There is a slightly higher rate of working in the aged care workforce for those who are born overseas compared to those born in Australia (1.8 per cent), but mainly for those who were born in a non-English speaking country (3.2 per cent) compared to an English-speaking country (2.1 per cent).

There were also large differences by education, with aged care workers being in the middle part of the education distribution. Those adults who had not completed year 12 and those with a post graduate degree had the lowest probability (1.1 per cent and 1.2 per cent respectively), whereas those who had completed year 12 but did not have a post-school qualification (2.5 per cent) or had an undergraduate degree (2.4 per cent) or a Certificate III/IV as their highest qualification (2.5 per cent) all had relatively high probabilities. It should be noted that those who have not completed year 12 are disproportionately more likely to be unpaid carers.

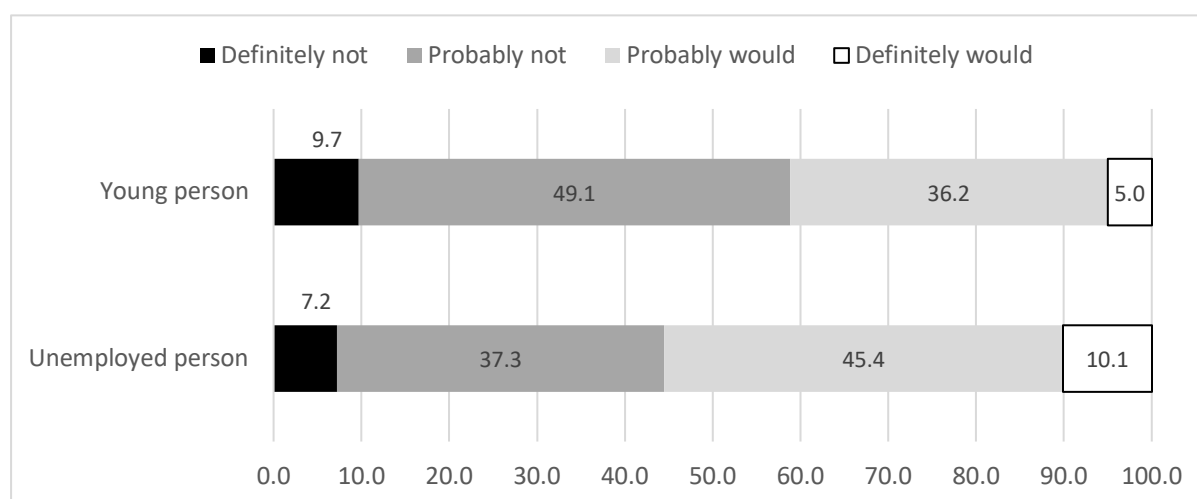
In addition to those who were currently working in the aged care industry, 2.4 per cent were not currently in the industry but had been in the last 5 years, and 6.3 per cent had been in the industry more than five years ago.

6.1 Views on working in the aged care industry

It is difficult in a survey like the ANUpoll to gauge a person’s own willingness to work in the aged care industry. There are such a diverse range of factors about a person’s own life and situation that are likely to influence such a decision which makes it difficult to capture in a survey such as this. We can, however, gain some insight by asking people what they would recommend for a hypothetical individual who might be considering such a career.

One-half of the sample were asked ‘If you were advising a **young person** today about their career choices, would you recommend they consider working in aged care?’ whereas the other half were asked ‘If you were advising **an unemployed person** today about their career choices, would you recommend they consider working in aged care?’ [bold not in original, added for emphasis]. Although the general Australian population seem to be less likely to recommend a young person work in aged care, in absolute terms support for an unemployed person working in the industry was also low.

Figure 6 Whether respondent would recommend someone work in the aged care industry, percentages, April 2021



Source: ANUpoll: April 2021

Only 5.0 per cent of those who were asked said they would definitely recommend a young person work in the industry, compared to 10.1 per cent of those who were asked saying they would definitely recommend an unemployed person working in the industry (Figure 6). A further 45.4 per cent said they probably would recommend an unemployed person consider working in aged care, compared to only 36.2 per cent of those who were asked about a young

person. On the other hand, almost three-in-five Australians would either definitely not (9.7 per cent) or probably not (49.1 per cent) recommend a young person consider working in aged care, compared to 44.5 per cent who would not recommend an unemployed person considering working in the industry (7.2 per cent definitely not, 37.3 per cent probably not).

In an econometric model (Table 5), we can see that someone who was currently working in the industry was more likely to recommend others do so (compared to someone who had never worked in the industry), whereas there was no difference between those who had previously worked in the industry but do not currently do so. Specifically, 28.4 per cent of aged care workers said they definitely would recommend someone (combining the sample who were asked about the unemployed and a young person) compared to 7.0 per cent of non-workers. This is an important finding, especially given the relatively small sample size. It highlights that, while there is a general perception that it is not an industry to build a career in, those who are currently in the industry may be more positive ambassadors than the general population.

Those who currently provided care for an aged member of their family were more likely to recommend someone works in the industry, as were those who had confidence in the aged care system. Controlling for these characteristics, Indigenous Australians and those who speak a language other than English were more likely to recommend someone work in the industry (potentially because they have family and social networks in the industry), as were those who live outside of a capital city (potentially because of the relative lack of other employment options in regional and remote areas). Those aged 65 and older were also more likely to recommend working in the sector.

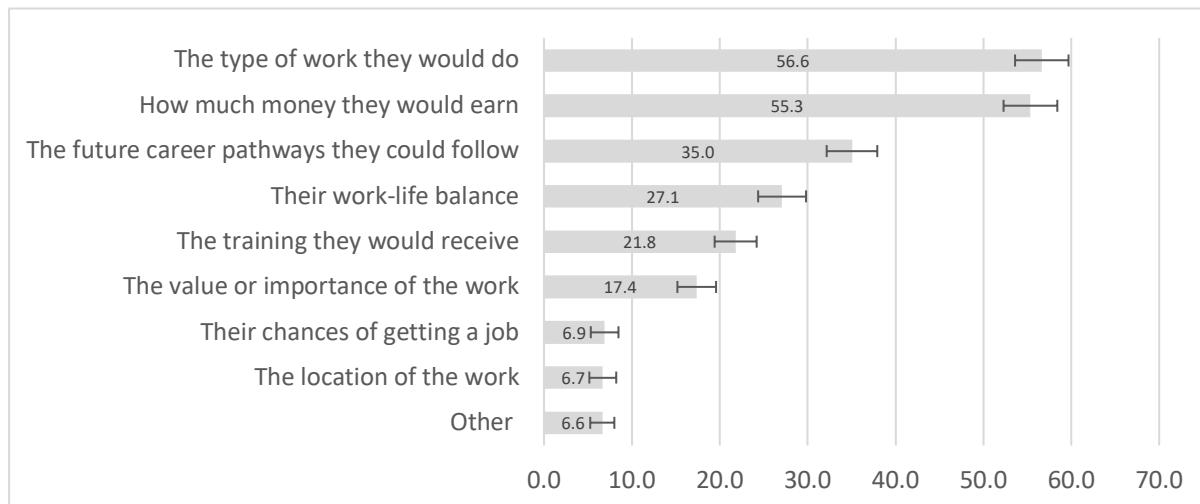
In the final model, we control for confidence in the aged care system, finding a very strong correlation. Outside of the modelling context, 50.2 per cent of those who were confident in the system said they probably would recommend someone consider a career in the industry, alongside 10.5 per cent of people who said they definitely would. By comparison, amongst those who were not confident in the system, only 36.1 per cent said they probably would recommend someone work in the industry whereas 6.1 per cent said they definitely would. The relationship is likely to be somewhat circular – that is being positive about recommending someone work in the industry will improve confidence, and improved confidence will make someone more likely to recommend someone else work in the industry. Whatever the direction of causality though, it is highly likely that support for working in the industry is only going to be widespread if confidence levels improve.

6.2 Reasons for and against recommending someone work in the industry

Those who said they would probably not or definitely not recommend someone work in the industry were asked ‘Which of the following factors would discourage you from recommending the person work in aged care?’ The two most common responses given (Figure 7) for not recommending someone consider a career in aged care were the ‘type of work they would do’ or ‘how much money they would earn’. Both responses were given by more than half the sample who probably or definitely would not recommend a career in aged care. The two least common responses (apart from ‘other’) were ‘the location of the work’ and ‘their chances of getting a job’, given by under 7 per cent of the sample who were asked. The government response to the Royal Commission includes retention funding for nurses but the bulk of the workforce, carers, will continue to be paid one of the lowest hourly rates in the Australian labour force. Although the Royal Commission recommended mandatory minimum

qualifications and on-going training and minimum English language proficiency, the government response is ‘subject to further consideration through the development of the whole-of-government Care Workforce Strategy’ (Department of Health, 2021: 52).

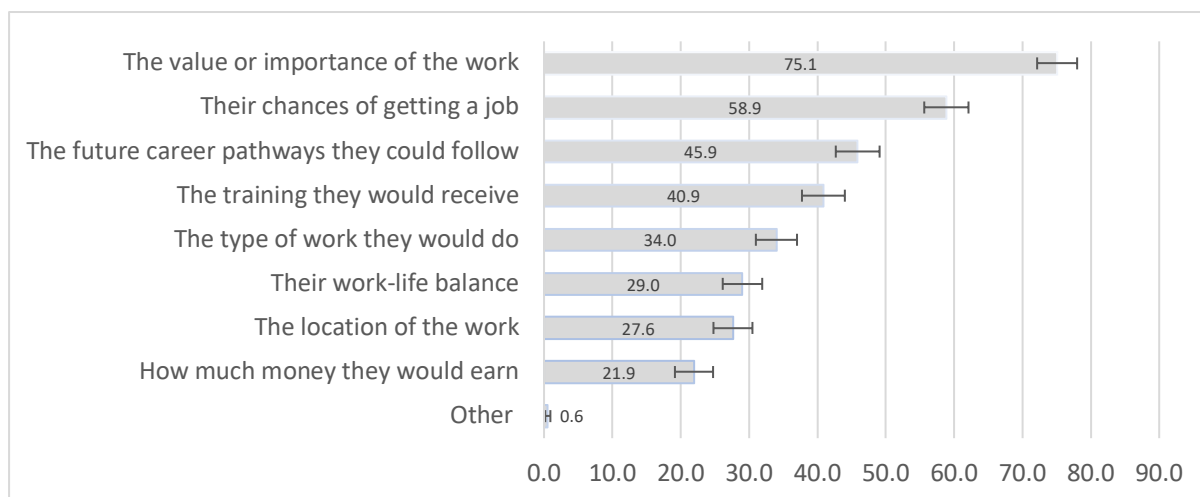
Figure 7 Reasons given for not encouraging people to work in aged care, percentages, April 2021



Source: ANUpoll: April 2021

Those who said they would probably or definitely recommend someone work in the industry were asked ‘Which of the following factors would encourage you to recommend the person work in aged care?’ The most common reasons (Figure 8) given were ‘the value or importance of the work’, given by more than three-quarters of the relevant sample, followed by about three-fifths who gave ‘their chances of getting a job’ as the reason. Given the latter response, in a sector in need of workers this may reflect the fact that much of the care workforce is contract-based and doesn’t offer long term career paths. Over one third of respondents refer specifically to the lack of career paths. Apart from ‘other’, the least common reasons given were ‘how much money they would earn’, given by about one-fifth of the sample, followed by ‘the location of the work’ and ‘their work-life balance’, given by a little under three-tenths of the sample.

Figure 8 Reasons given for encouraging people to work in aged care, percentages, April 2021



Source: ANUpoll: April 2021

7 Concluding comments

The final report of the Royal Commission into Aged Care Quality and Safety documented a system in need of serious reform. From safety, to affordability, to workforce shortages, the aging population in Australia has placed considerable pressure on a system that was arguably already not fit for purpose. The COVID-19 pandemic and disproportionate deaths in the aged care system, as well as the painfully slow rate of vaccination has further highlighted the need for substantial investment in the care of our aged population.

That does not negate the extraordinary contribution that many Australians have made and are making to the care of the aged. There is a significant amount of caring being provided by family members, with more than one in ten Australians saying they currently provide at least some form of care. Females and those with relatively low levels of education are more likely to provide this care. There is also a high expectation for care into the future, with more than half of those who aren't currently providing care expecting to do so. Most current or prospective carers currently experience impacts from their caring or expect to have impacts, with females in particular reporting not only higher rates of caring but also greater impacts.

There is a significant amount of concern across the community in terms of being able to afford future care needs, particularly in an aged care facility. Females and those who have not completed year 12 were less confident in being able to afford either of the forms of care, with those who are currently carers being more concerned about being able to afford services in a facility.

It is not surprising then that there is a lack of confidence in the system in Australia. Only 1.8 per cent of Australians said they had a great deal of confidence in aged care, alongside 31.1 per cent who had quite a lot of confidence (32.8 per cent in total who were confident). This confidence appears to be declining and is lower than for many other institutions in Australia, including the federal government in Canberra; the public service, state/territory governments, hospitals and the health system, the police, schools and universities.

Restoring confidence is going to require a substantial investment of funds in the aged care system. There was a substantial increase in funds in the most recent federal budget (\$17.7 billion over five years), but many have argued that this increase is not sufficient. More funds will be needed, and data presented in this paper suggests that most Australians support a levy being applied to taxpayers to fund aged care services. The greatest level of support is for a levy applied to all taxpayers, with a not insignificant minority supporting a levy being applied to the top 1 per cent or 2 per cent of taxpayers only. General support was high across the political spectrum, though there were some differences depending on how tightly it was targeted.

Ultimately, aged care is a labour-intensive industry. Safety will only be able to be improved, and costs to families will only be able to be lowered, if there is a sufficient workforce to deliver aged care. Compared to the rest of the adult population, the aged care workforce is more likely to be female, Indigenous, born in a non-English speaking country, and in the middle part of the education distribution. One of the somewhat surprising results from this paper is that the current aged care workforce, despite all the challenges of working in the industry, are far more positive towards the industry than the general population. They have more confidence, and they are more likely to recommend that either an unemployed person or a young person consider a career in aged care. The current workforce is a potentially powerful advocate, if they can be retained, not only for change, but also for a greater involvement of others in the industry.

The current aged care workforce is still a small fraction of the overall population. The majority of Australians would not recommend a young person or an unemployed person consider a career in aged care. The two aspects of the industry that were most prominent in making people reluctant to recommend such a career are the type of work and the pay. On the other hand, around three-quarters of those who would recommend someone work in the industry gave the value or importance of the work as one of their reasons for doing so. As a society, however, we cannot rely on the goodwill of others to provide our workforce, and if we want people to consider aged care as a career path, then it needs to be seen to be adequately remunerated, and it needs to be under satisfactory conditions. That will require all of us contributing more.

Appendix 1 About the survey

The primary source of data for this paper is the April 2021 ANUpoll. Data collection commenced on the 12th of April 2021 with a pilot test of telephone respondents. The main data collection commenced on the 13th of April and concluded on the 26th of April. The final sample size for the survey is 3,286 respondents. 54.7 per cent of the sample had completed the survey by the 15th of April and the average interview duration was 13.9 minutes. Of those who had completed the April 2021 survey, 94.6 per cent (N=3,109) had completed the January 2021 survey.

The Social Research Centre collected data online and through Computer Assisted Telephone Interviewing (CATI) in order to ensure representation from the offline Australian population. Around 5.1 per cent of interviews were collected via CATI. The contact methodology adopted for the online Life in Australia™ members is an initial survey invitation via email and SMS (where available), followed by multiple email reminders and a reminder SMS. Telephone non-response of panel members who have not yet completed the survey commenced in the second week of fieldwork and consisted of reminder calls encouraging completion of the online survey.

The contact methodology for offline Life in Australia™ members was an initial SMS (where available), followed by an extended call-cycle over a two-week period. A reminder SMS was also sent in the second week of fieldwork.

A total of 4,002 respondents were invited to take part in the survey, leading to a wave-specific completion rate of 82.1 per cent. Taking into account recruitment to the panel, the cumulative response rate for this survey is around 7.0 per cent.

Unless otherwise stated, data in the paper is weighted to population benchmarks. For Life in Australia™, the approach for deriving weights generally consists of the following steps:

1. Compute a base weight for each respondent as the product of two weights:
 - a. Their enrolment weight, accounting for the initial chances of selection and subsequent post-stratification to key demographic benchmarks
 - b. Their response propensity weight, estimated from enrolment information available for both respondents and non-respondents to the present wave.
2. Adjust the base weights so that they satisfy the latest population benchmarks for several demographic characteristics.

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (2014/241).

Appendix 2 Regression tables

Table 1 Factors associated with confidence in aged care, April 2021

	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Socio-demographic characteristics								
Female	-0.094	*	-0.097	*	-0.109	*	-0.163	***
Aged 18 to 44	0.137	**	0.143	**	0.161	**	0.216	***
Aged 65 years and over	-0.093		-0.078		-0.162	**	-0.257	***
Lives in a single person household	0.050		0.064		0.141	*	0.178	*
Couple household with children/dependents	0.065		0.068		0.065		-0.003	
Single parent household with children/dependents	-0.109		-0.095		0.119		0.020	
Other household type	-0.129		-0.111		0.044		-0.018	
Indigenous	-0.081		-0.104		0.214		0.437	**
Born overseas	0.214	***	0.214	***	0.158	**	0.200	***
Speak a language other than English	0.233	***	0.223	***	0.294	***	0.264	***
Has not completed Year 12	0.043		0.044		0.060		0.112	
Has a degree	-0.082		-0.075		-0.081		-0.147	**
Lives outside a capital city	0.097	*	0.092	*	0.081		0.061	
Contact with the aged care system								
Currently caring for aged family member			0.060		0.078		0.062	
Works in aged care industry			0.468	**	0.526	**	0.535	*
Does not work in industry but has previously			-0.099		-0.080		-0.001	
Social and economic assets								
Income not adequate for expenditure					-0.254	***	-0.117	
Experienced loneliness in four weeks prior to survey					-0.211	***	-0.064	
Struggle to meet mortgage or rental payment					-0.126		-0.094	
Owns own home					-0.119		-0.125	
Renter					0.065		0.106	
Has an investment property					0.034		-0.002	
Has a self managed superannuation fund					-0.007		0.072	
Owns shares in an ASX listed company					-0.042		-0.091	
Currently retired					0.081		0.104	
Neither retired or employed					0.053		-0.001	
Household income (natural log)					-0.018		-0.068	

Views and experience of the aged care system in Australia – April 2021

Confidence in institutions				
Confident in the Federal government				0.667 ***
Confident in public service				0.391 ***
Confident in State/Territory government				0.067
Confident in hospitals and the health system				0.630 ***
Confident in police				0.358 ***
Cut-point 1	-1.068	-1.052	-1.358	-0.586
Cut-point 2	0.602	0.620	0.359	1.477
Cut-point 3	2.297	2.322	2.098	3.457
Sample size	3,107	3,096	2,572	2,563

Source: ANUpoll, January and April 2021.

Notes: Ordered Probit Regression Model. The base case individual is female; aged 45 to 64 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a degree; and lives in a capital city. Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **, and those significant at the 10 per cent level of significance are labelled *.

Views and experience of the aged care system in Australia – April 2021

Table 2 Factors associated with concerns about being a future burden, aged 45 years and over, April 2021

	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Socio-demographic characteristics								
Female	0.220	***	0.200	***	0.181	***	0.174	***
Aged 65 years and over	0.082		0.085		0.252	***	0.246	***
Lives in a single person household	-0.047		-0.033		-0.249	***	-0.244	***
Couple household with children/dependents	-0.030		-0.029		-0.007		0.000	
Single parent household with children/dependents	0.222	*	0.226	*	0.058		0.080	
Other household type	0.050		0.022		-0.017		-0.017	
Indigenous	0.318		0.313		0.360		0.379	
Born overseas	-0.065		-0.048		-0.030		-0.026	
Speak a language other than English	0.140		0.139		0.053		0.073	
Has not completed Year 12	0.081		0.085		0.090		0.086	
Has a degree	-0.069		-0.068		0.000		-0.007	
Lives outside a capital city	-0.099	*	-0.100	*	-0.059		-0.053	
Contact with the aged care system								
Currently caring for aged family member			0.180	**	0.182	**	0.193	**
Works in aged care industry			0.077		0.092		0.125	
Does not work in industry but has previously			0.090		0.068		0.061	
Social and economic assets								
Income not adequate for expenditure					0.217	**	0.209	**
Experienced loneliness in four weeks prior to survey					0.466	***	0.459	***
Struggle to meet mortgage or rental payment					0.405	***	0.394	***
Owns own home					0.210	**	0.206	**
Renter					0.148		0.150	
Has an investment property					-0.079		-0.070	
Has a self managed superannuation fund					0.029		0.029	
Owns shares in an ASX listed company					0.131	**	0.126	*
Currently retired					-0.048		-0.046	
Neither retired or employed					0.094		0.103	
Household income (natural log)					0.007		0.005	
Confidence in institutions								
Confident in the aged care system							-0.126	*

Views and experience of the aged care system in Australia – April 2021

	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Cut-point 1	-1.074		-1.036		-0.589		-0.639	
Cut-point 2	-0.147		-0.108		0.402		0.347	
Cut-point 3	1.269		1.310		1.894		1.841	
Sample size	2,125		2,119		1,798		1,792	

Source: ANUpoll, January and April 2021.

Notes: Ordered Probit Regression Model. The base case individual is female; aged 45 to 64 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a degree; and lives in a capital city. Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **, and those significant at the 10 per cent level of significance are labelled *.

Table 3a Factors associated with confidence in being able to afford aged care at home, April 2021

	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Socio-demographic characteristics								
Female	-0.183	***	-0.185	***	-0.188	***	-0.175	***
Aged 18-44	-0.025		-0.029		0.071		0.054	
Aged 65 years and over	0.336	***	0.332	***	-0.063		-0.053	
Lives in a single person household	-0.320	***	-0.323	***	-0.187	**	-0.203	**
Couple household with children/dependents	-0.038		-0.039		-0.072		-0.079	
Single parent household with children/dependents	-0.273	**	-0.274	**	0.076		0.060	
Other household type	-0.055		-0.053		0.177		0.184	
Indigenous	-0.258		-0.257		-0.235		-0.240	
Born overseas	-0.010		-0.016		-0.028		-0.037	
Speak a language other than English	0.227	***	0.229	***	0.358	***	0.316	***
Has not completed Year 12	-0.137	*	-0.130	*	-0.148	*	-0.159	**
Has a degree	0.100	*	0.103	**	0.002		0.012	
Lives outside a capital city	0.045		0.044		0.068		0.064	
Contact with the aged care system								
Currently caring for aged family member			-0.055		-0.030		-0.035	
Works in aged care industry			0.035		0.250		0.194	
Does not work in industry but has previously			0.045		0.102		0.110	
Social and economic assets								
Income not adequate for expenditure					-0.420	***	-0.406	***
Experienced loneliness in four weeks prior to survey					-0.172	***	-0.157	**
Struggle to meet mortgage or rental payment					-0.286	***	-0.274	***
Owns own home					0.080		0.096	
Renter					-0.051		-0.055	
Has an investment property					0.137	**	0.127	*
Has a self managed superannuation fund					0.091		0.099	
Owns shares in an ASX listed company					0.092		0.100	*
Currently retired					0.360	***	0.366	***
Neither retired or employed					0.076		0.071	
Household income (natural log)					0.101	*	0.102	*
Confidence in institutions								
Confident in the aged care system							0.273	***

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	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Cut-point 1	-1.330		-1.335		-0.786		-0.699	
Cut-point 2	-0.215		-0.221		0.435		0.534	
Cut-point 3	1.194		1.187		1.905		2.015	
Sample size	3,095		3,085		2,567		2,559	

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Table 3b Factors associated with confidence in being able to afford aged care in a facility, April 2021

	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Socio-demographic characteristics								
Female	-0.114	**	-0.103	**	-0.120	**	-0.096	
Aged 18-44	0.008		-0.003		0.188	***	0.157	**
Aged 65 years and over	0.122	*	0.113	*	-0.284	***	-0.274	***
Lives in a single person household	-0.232	***	-0.229	***	0.028		0.004	
Couple household with children/dependents	-0.061		-0.059		-0.142	**	-0.163	**
Single parent household with children/dependents	-0.426	***	-0.415	***	-0.123		-0.163	
Other household type	-0.185		-0.174		0.081		0.084	
Indigenous	-0.202		-0.199		0.040		0.036	
Born overseas	-0.106	*	-0.114	*	-0.069		-0.096	
Speak a language other than English	-0.095		-0.092		-0.031		-0.110	
Has not completed Year 12	-0.216	***	-0.217	***	-0.131	*	-0.149	*
Has a degree	0.326	***	0.330	***	0.229	***	0.258	***
Lives outside a capital city	-0.086	*	-0.080		-0.037		-0.052	
Contact with the aged care system								
Currently caring for aged family member			-0.062		-0.052		-0.064	
Works in aged care industry			-0.100		-0.007		-0.123	
Does not work in industry but has previously			-0.109		-0.075		-0.071	
Social and economic assets								
Income not adequate for expenditure					-0.630	***	-0.622	***
Experienced loneliness in four weeks prior to survey					-0.313	***	-0.292	***
Struggle to meet mortgage or rental payment					0.028		0.060	
Owns own home					0.192	**	0.227	***
Renter					-0.035		-0.042	
Has an investment property					0.222	***	0.209	***
Has a self managed superannuation fund					0.046		0.056	
Owns shares in an ASX listed company					0.159	***	0.175	***
Currently retired					0.436	***	0.452	***
Neither retired or employed					0.205	***	0.200	***
Household income (natural log)					0.198	***	0.204	***
Confidence in institutions								
Confident in the aged care system							0.518	***

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	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Cut-point 1	-1.009		-1.024		0.421		0.597	
Cut-point 2	0.238		0.222		1.791		2.011	
Cut-point 3	1.465		1.450		3.141		3.395	
Sample size	3,084		3,074		2,556		2,551	

Source: ANUpoll, January and April 2021.

Notes: Ordered Probit Regression Model. The base case individual is female; aged 45 to 64 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a degree; and lives in a capital city. Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **, and those significant at the 10 per cent level of significance are labelled *.

Table 4 Factors associated with support for an aged care levy, April 2021

	Model 1		Model 2	
	Coeff.	Signif.	Coeff.	Signif.
Socio demographic characteristics				
Female	0.042		-0.009	
Aged 18 to 44	0.146	*	0.059	
Aged 65 years and over	0.082		0.098	
Lives in a single person household	-0.121		-0.135	
Couple household with children/dependents	-0.053		-0.035	
Single parent household with children/dependents	0.187		0.210	
Other household type	-0.009		-0.028	
Indigenous	-0.120		-0.002	
Born overseas	0.016		0.003	
Speak a language other than English	-0.256	**	-0.214	*
Has not completed Year 12	0.002		0.011	
Has a post-graduate degree	0.004		-0.020	
Has an undergraduate degree	0.012		0.058	
Lives outside a capital city	1.015		0.928	
Voting preference				
Would have voted Labor			0.293	***
Would have voted Greens			0.561	***
Would have voted for 'other' party			-0.398	***
Did not know party would have voted for			0.155	
Constant			0.293	***
Sample size	3,086		3,086	

Source: ANUpoll, January and April 2021.

Notes: Binary Probit Regression Model. The base case individual is female; aged 45 to 64 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a degree; and lives in a capital city. Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **, and those significant at the 10 per cent level of significance are labelled *.

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Table 5 Factors associated with willingness to recommend someone work in aged care, April 2021

	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Asked about unemployed rather than young person	0.320	***	0.320	***	0.384	***	0.382	***
Socio-demographic characteristics								
Female	0.133	**	0.104	**	0.051		0.072	
Aged 18-44	-0.100	*	-0.065		-0.029		-0.059	
Aged 65 years and over	-0.111	*	-0.097		-0.249	***	-0.237	***
Lives in a single person household	0.076		0.106		0.059		0.026	
Couple household with children/dependents	-0.043		-0.032		0.015		0.001	
Single parent household with children/dependents	-0.106		-0.094		-0.090		-0.124	
Other household type	-0.115		-0.107		-0.092		-0.096	
Indigenous	0.427	**	0.397	*	0.484	**	0.478	**
Born overseas	0.113	*	0.121	**	0.098		0.074	
Speak a language other than English	0.417	***	0.403	***	0.333	***	0.276	***
Has not completed Year 12	0.034		0.037		-0.006		-0.013	
Has a degree	-0.070		-0.064		-0.008		0.009	
Lives outside a capital city	0.176	***	0.174	***	0.161	***	0.148	**
Contact with the aged care system								
Currently caring for aged family member			0.248	***	0.290	***	0.281	***
Works in aged care industry			0.608	***	0.811	***	0.740	***
Does not work in industry but has previously			-0.007		-0.051		-0.047	
Social and economic assets								
Income not adequate for expenditure					-0.079		-0.058	
Experienced loneliness in four weeks prior to survey					-0.044		-0.023	
Struggle to meet mortgage or rental payment					-0.132	*	-0.112	
Owens own home					-0.033		-0.011	
Renter					-0.034		-0.043	
Has an investment property					0.124	*	0.109	
Has a self managed superannuation fund					0.067		0.074	
Owens shares in an ASX listed company					-0.123	**	-0.117	*
Currently retired					0.139		0.147	
Neither retired or employed					0.136	*	0.130	
Household income (natural log)					-0.179	***	-0.183	***
Confidence in institutions								
Confident in the aged care system							0.420	***

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	Model 1		Model 2		Model 3		Model 4	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Cut-point 1	-0.795		-0.743		-2.005		-1.941	
Cut-point 2	0.670		0.726		-0.521		-0.429	
Cut-point 3	2.107		2.179		0.938		1.054	
Sample size	3,020		3,009		2,507		2,500	

Source: ANUpoll, April 2021.

Notes: Ordered Probit Regression Model. The base case individual is female; aged 45 to 64 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a degree; and lives in a capital city. Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **, and those significant at the 10 per cent level of significance are labelled *.

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