

Social characteristics of older Queenslanders

To progress towards an age-friendly Queensland where seniors are supported to make an active contribution to their community and lead a full and healthy life, we need to understand how seniors currently participate in, and connect with, their communities and social networks, and can be supported to make healthy lifestyle choices.

This fact sheet examines the civic and social participation of older Queenslanders, through provision of informal care, unpaid child care and volunteering, and how seniors remain connected to others. It also looks at the current physical activity and education levels of seniors.

Who do we mean by older Queenslanders?

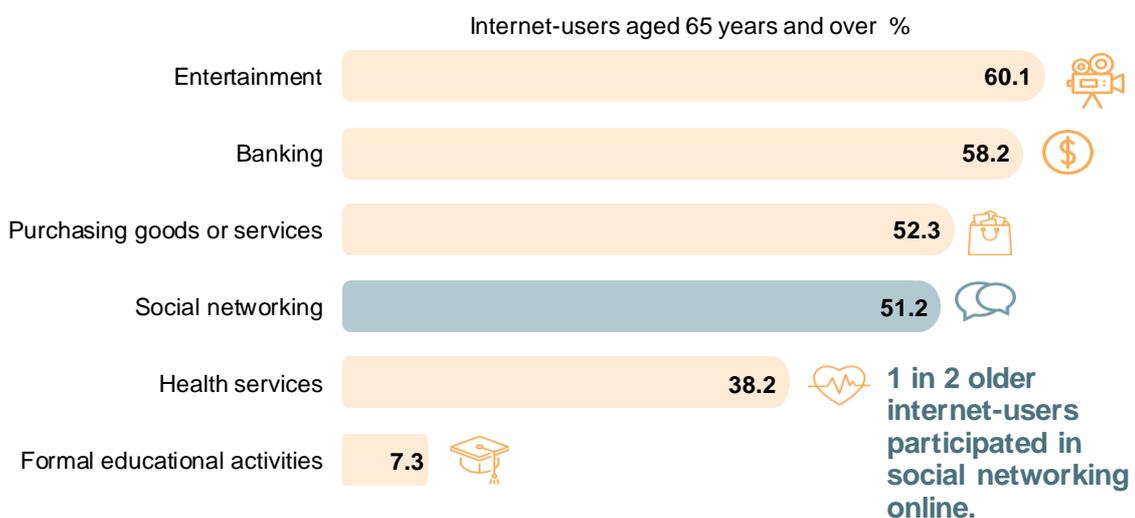
For this fact sheet, older Queenslanders (or seniors) refers to persons aged 65 years and over, unless specified otherwise in the text and charts.

Older people are using the internet to connect



More than half of (55.2%) all older people in Australia were internet-users in 2016–17 according to *Household Use of Information Technology*, the findings of an ABS survey. In comparison, between 83% and 98% of all Australians aged less than 65 used the internet in the same year. Half of older internet-users used the internet for social networking in the previous 3 months, while entertainment, banking, and purchasing goods and services were also common activities (Figure 1).

Figure 1: Reasons for accessing the internet in the last 3 months, older Australians, 2016–17



At the Queensland level, results from the Australian Digital Inclusion Index (ADII) 2018 showed that older Queenslanders were the least 'digitally included' demographic, and the second most digitally excluded group after people in low income households. However, improvements in older Queenslanders' digital inclusion outpaced the overall statewide increase over the reporting period (2014 to 2018).

For older Queenslanders, the narrowing of the gap between 2014–2018 was driven by strong improvements in digital access and digital ability, although a decline in digital affordability, due to a substantial increase in the proportion of household income spent by older Queenslanders on network access, offset much of these gains.

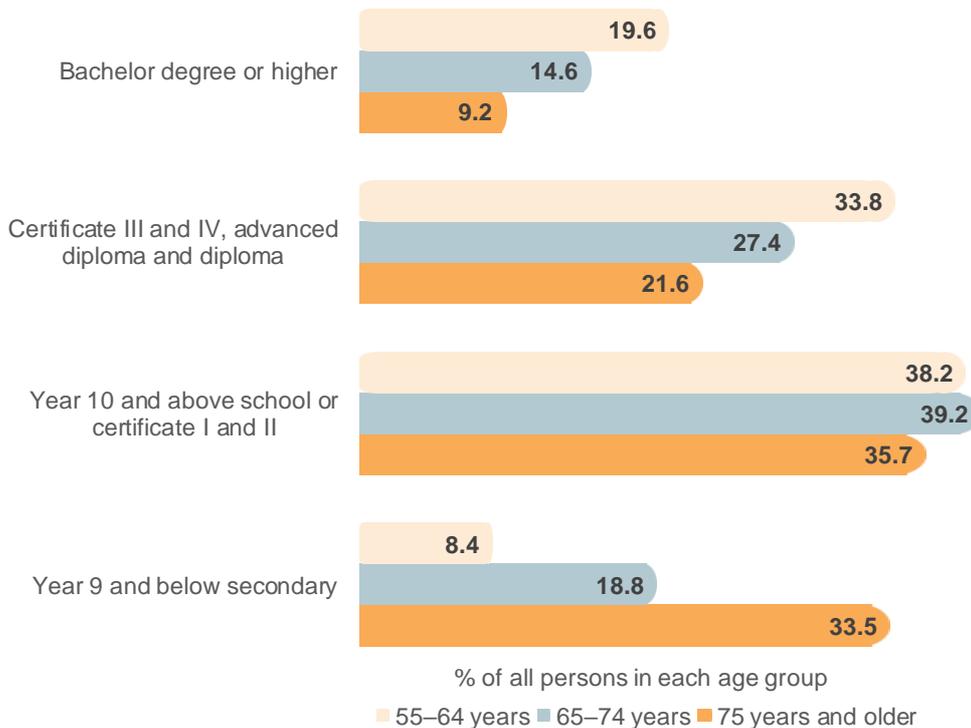
As the importance of the internet grows as a medium for information exchange and access to essential services, ensuring older Queenslanders' can access the internet becomes critical. With a growing older population and the most decentralised population in Australia, improving digital connectivity among older Queenslanders could be especially helpful in harnessing economic and social capital in rural and remote areas of Queensland.



Education attainment

The highest level of educational attainment for older Queenslanders varied considerably by age group according to results from the 2016 Census (Figure 2). Older Queenslanders aged 65 to 74 years had higher levels of educational attainment compared with those aged 75 years and older. Each new generation has benefited from improved access to, and standards of, higher education in Queensland.

Figure 2: Highest education attainment, older Queenslanders by age group, 2016



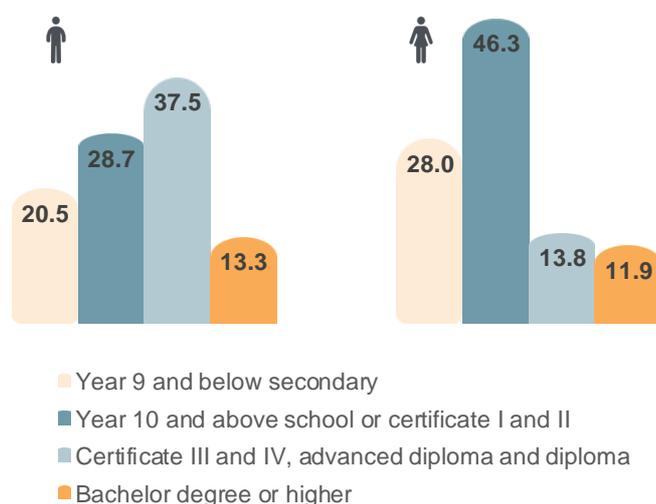
Looking forward, the proportion of older Queenslanders educated to higher levels is expected to increase, with younger age groups required to complete higher education courses to gain even entry-level employment. For example, in 2016, half (53.3%) of those aged 55–64 years held a qualification in the top two qualification groups charted compared with only 37.7% of those aged 65 years or older.

A brief history of higher education in Queensland...

A range of social and economic factors have influenced access to higher education in Queensland. Some key factors in the early part of the 20th century include the increasing wealth of Queensland leading to the need for more highly educated workers, the influence of guilds and unions in ensuring workers were adequately skilled to a certified level and child labour was not utilised. In the mid to late part of the 20th century, major social and technological change in the form of breakthroughs in household technology, wage parity, reliable contraception and the marriage bar in higher paid jobs removed many existing constraints for completing higher education for both sexes, but especially women. Opportunities to complete secondary education to year 12 also expanded. In the later part of the 20th Century and beyond, the shift to the 'knowledge industries' and reduced opportunities in manual labour occupations, increased the demand for skilled workers.

Education attainment also varies by sex for older Queenslanders, with females less likely to be educated to a higher level than males (Figure 3).

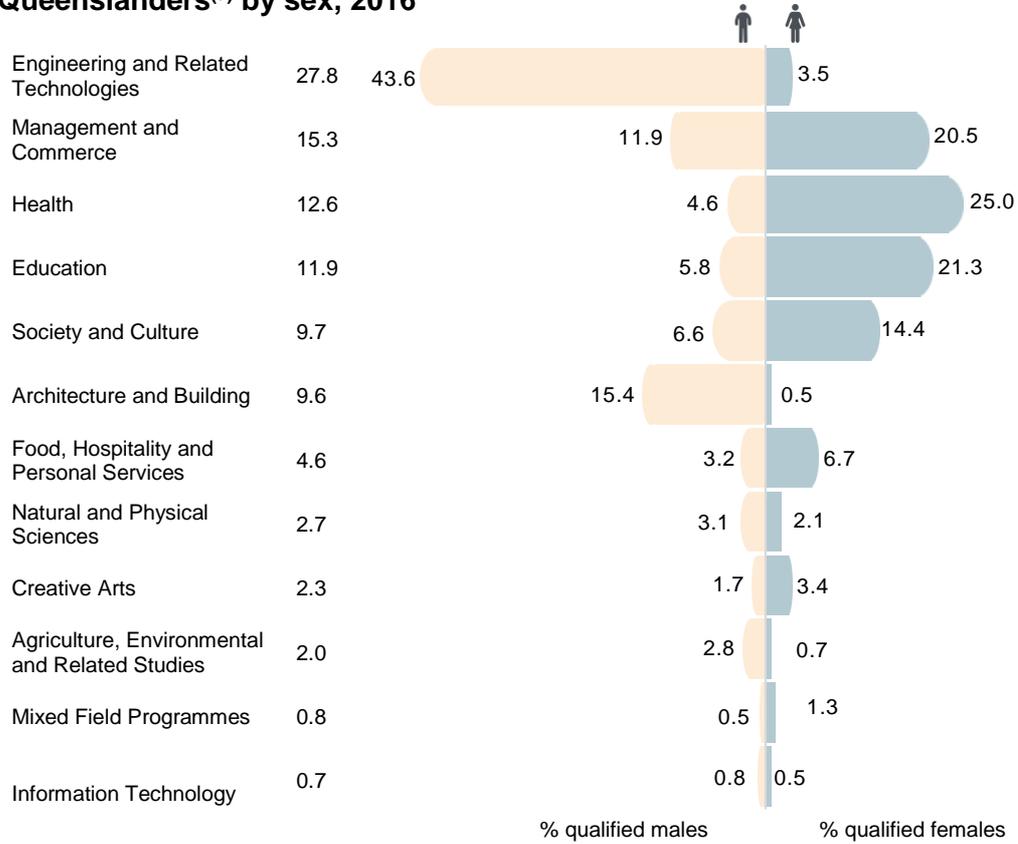
Figure 3: Highest education attainment, older Queenslanders by sex, 2016





There were also clear differences between the sexes in the field of study of an older person's highest completed non-school qualification (Figure 4).

Figure 4: Field of study of the highest completed non-school qualification, older Queenslanders^(a) by sex, 2016



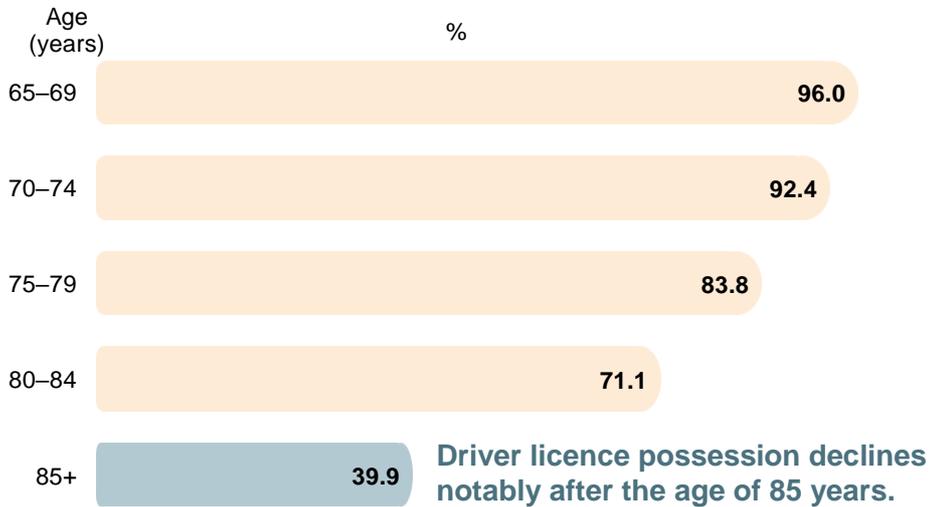


Driver licence possession declines with age

More than 4 in 5 (83.3%) older Queenslanders had a current driver licence in June 2017 with the proportion possessing a licence declining with age (Figure 5).

Among older Queenslanders, loss of licence is likely to be associated with medical conditions that impact on driving ability. These conditions commonly include impairments to cognition, vision or physical movement. In Queensland, everyone 75 years or older must obtain (every 13 months) a medical certificate to assess their ability to drive safely.

Figure 5: Proportion of older Queenslanders with a driver licence by age group, June 2017



The loss of a driver licence as people age can have a significant impact on their ability to play an active role within their community and connect with family and friends, particularly if public transport options are limited or if ill-health or disability impacts their everyday mobility.

For example, around two thirds (65.4%) of employed Queenslanders aged 65–69 years drove a car to their place of work at the time of the 2016 Census, declining to 41.8% for employed Queenslanders aged 75 years and over.

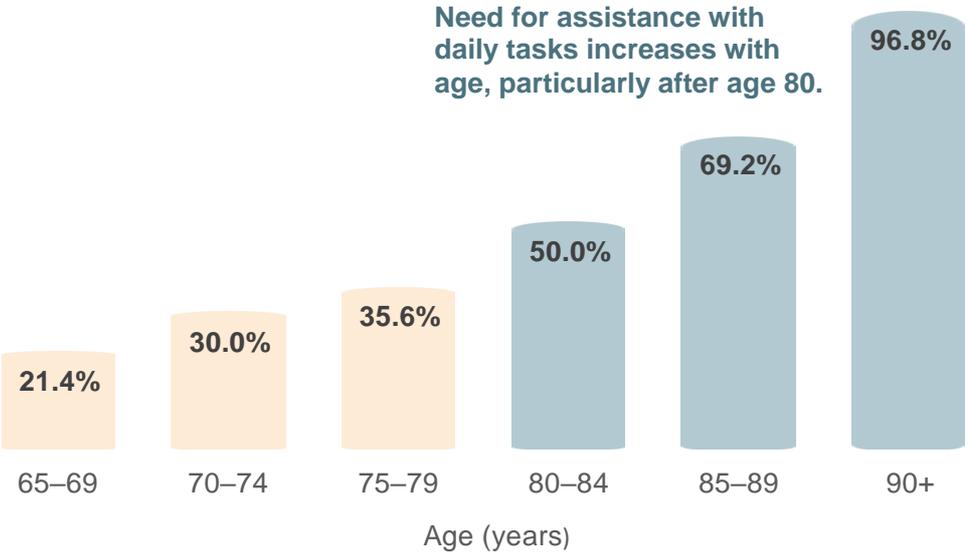
Need for assistance

Around one third (36.3% or 246,700 people) of older Queenslanders were estimated to have needed assistance with at least one activity in 2015, lower than the proportion in 2012 (37.9%). In 2015, 1 in 4 (25.3%) needed assistance with personal activities including health care, mobility and self-care). Other tasks commonly reported needing assistance with included property maintenance (17.3%), and transport (14.1%).



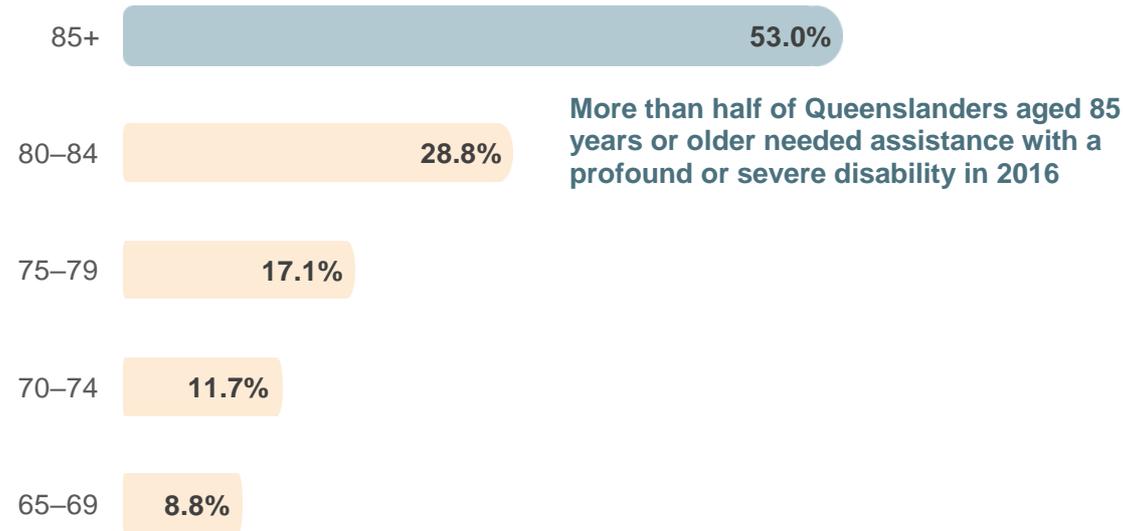
Need for assistance increased with age, ranging from 1 in 5 aged 65–69 in need, to more than 9 in 10 aged 90 and over (Figure 6).

Figure 6: Proportion of older Queenslanders needing assistance with at least one activity by age group, 2015



The 2016 Census counted those who had a need for assistance with core activities due to a long-term health condition, disability or old age (profound or severe disability). Almost 1 in 5 older Queenslanders reported that they had a need for assistance with core activities, with this need increasing with age (Figure 7).

Figure 7: Proportion of older Queenslanders needing assistance with a profound or severe disability by age group, 2016





Older Queenslanders play an important role in providing informal care

Older carers make an important contribution to the lives of others by providing informal care to another person, most commonly their partner, but also to adult children with disability or illness, elderly parents or other family members.

Almost 1 in 5 (18.1%) older Queenslanders were carers in 2015. Two in 5 (39.7%) older carers were primary carers, with older females much more likely to be primary carers than older males (48.4% compared with 27.0% respectively).

Although the proportion of older Queenslanders providing informal care declined after the age of 75, males were more likely than females to be a carer in their older age (Figure 8). Women, on average, live longer than men, and as a result, older men are more likely to be living with a partner they are caring for while older women are more likely to be widowed¹.

Male primary carers aged 65 years and over were more likely to be caring for their partner (84.0%) compared with female primary carers aged 65 years and over (76.8%).

Being a carer can bring many rewards as well as many challenges, with the amount of time taken to care for someone potentially impacting the ability for some carers to engage in social and community activities. In 2015, more than 1 in 3 primary older carers in Queensland spent an average of 40 or more hours on caring activities (Figure 9).

Figure 8: Proportion of older Queenslanders who were carers by sex and selected age group, 2015

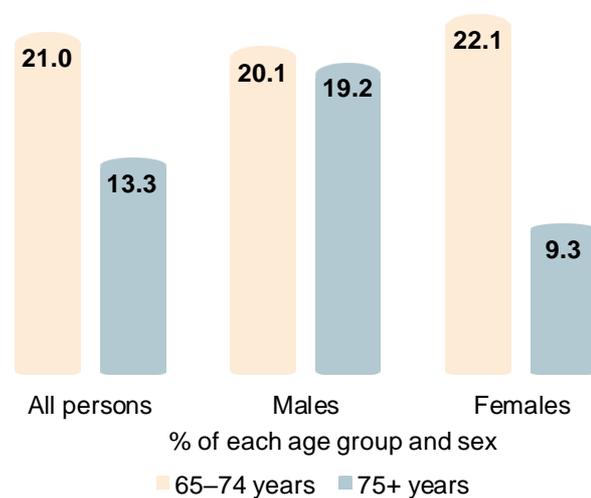
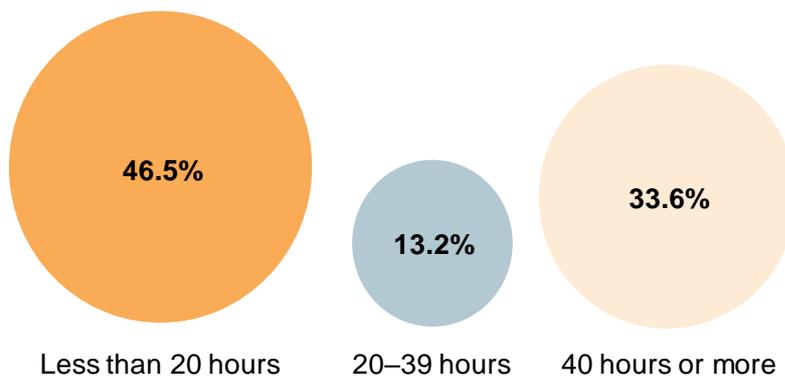


Figure 9: Average weekly hours spent caring, primary carers in Queensland aged 65 years and over, 2015



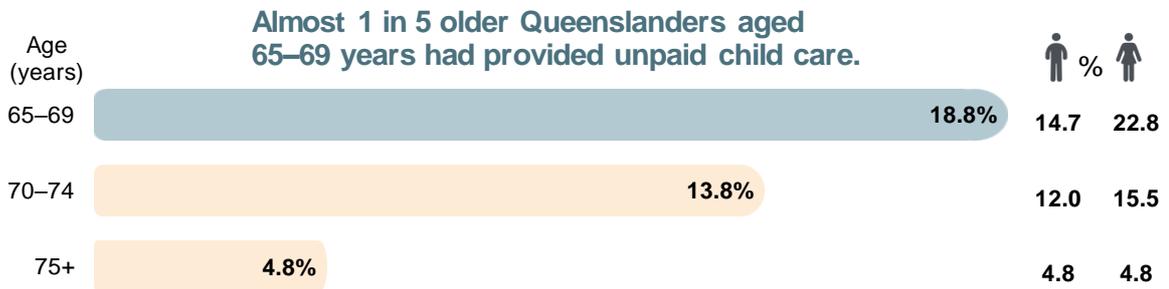


Older Queenslanders provide unpaid child care

In addition to providing informal care, older Queenslanders also play an important role in providing unpaid child care. Around 1 in 8 (12.0%) older Queenslanders indicated they had provided care to at least one child under 15 years of age in the two weeks prior to census night in 2016, with the majority of this care for another person's child/children.

While the proportion of older Queenslanders who had provided unpaid child care declined with age, older females aged between 65 and 74 years were more likely than older males in this age group to have taken on a carer role (Figure 10).

Figure 10: Proportion of older Queenslanders who provided unpaid child care by sex and selected age group, 2016



Recent analysis of care attended by children aged 0–12 years found that, nation-wide, grandparents were the most common care arrangement for children who attended school and the second most common arrangement for children not attending school².



Social engagement changes according to disability status

In 2015 more than 9 in 10 (93.3%) older Queenslanders participated in social and community activities away from home in the previous three months, with the most common activities involving visiting, or going out with, relatives and friends.

However, the level of social engagement by older Queenslanders within their communities differs when looking at disability status. Older Queenslanders with a disability were less likely to have participated in social and community activities away from home, or have had recent face-to-face contact with family or friends not living in the same household, compared with those without a disability (Figure 11).

The largest difference between the two groups was the extent to which older Queenslanders left their home as often as they would like. Only 77.6% of older Queenslanders with a disability indicated they did so, compared with 94.6% without a disability. The main reason older Queenslanders provided for not leaving home as often as they liked was due to their own disability or health condition.

Figure 11: Social engagement measures for older Queenslanders by disability status, 2015



Older Queenslanders with a profound or severe disability were less likely than those with other disability types to participate in social and community activities, and leaving home as often as they would like.

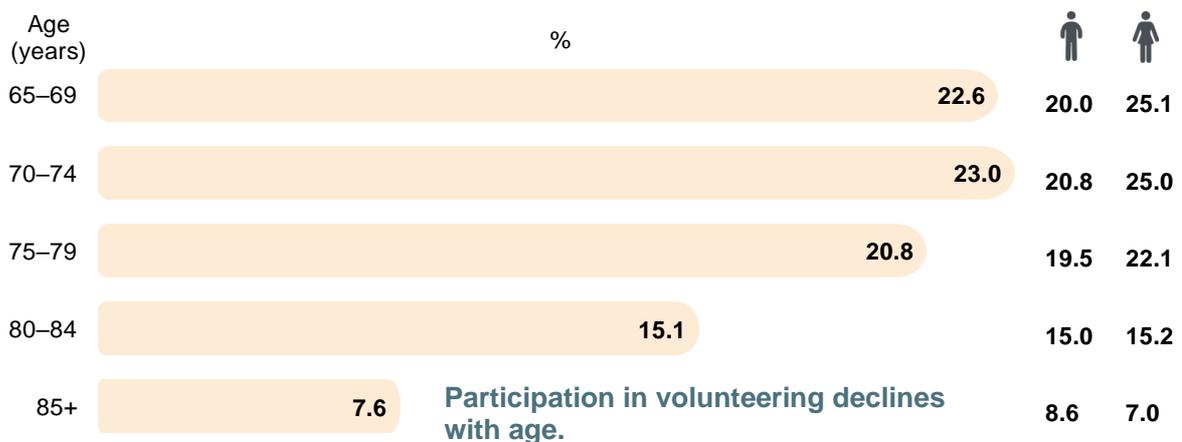


Volunteering by older Queenslanders is important for maintaining social connections

Many older Queenslanders contribute their time, service or skills to an organisation or group within their community, with 1 in 5 (19.9%) having spent time doing unpaid voluntary work through an organisation or group in the twelve months prior to Census night in 2016.

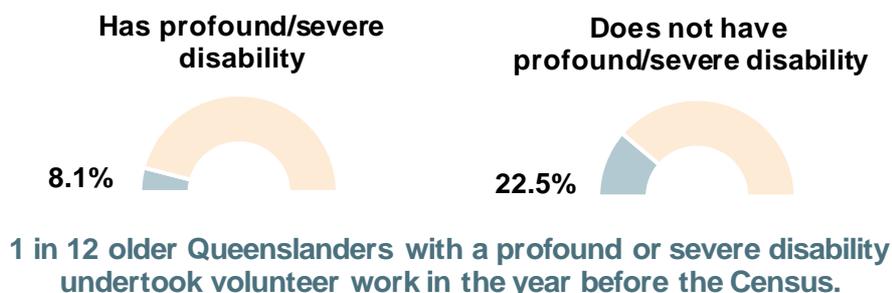
Participation by older Queenslanders in voluntary work declines with age, which may be related to a decline in health and mobility that can occur in older ages (Figure 12). While older females aged between 65 and 74 years had higher participation in voluntary work compared with older males in the same age group, participation by sex was relatively similar within the older age groups.

Figure 12: Proportion of older Queenslanders who undertook voluntary work for an organisation or group by sex and age group, 2016



Maintaining social connections is particularly important for older Queenslanders with a profound or severe disability, however this group of older Queenslanders were less likely than those without a profound or severe disability to have volunteered in the twelve months prior to Census night (Figure 13).

Figure 13: Proportion of older Queenslanders who undertook voluntary work for an organisation by disability status, 2016



Longevity and good health

Queenslanders are living longer. For many Queenslanders, these additional years of life are enjoyed in good health, while for others these years are impacted by disability and illness.

Health-adjusted life expectancy (HALE) is used as a measure of the time an individual at a specific age can, on average, expect to live in full health, without the health consequences of disease and injury.

The latest HALE data by age group indicated that for Queenslanders aged 65 years in 2011, males had a further 14.3 years in good health (75.9% of remaining life in full health), and females had a further 16.7 years (76.4% of remaining life in good health).



Health behaviours and lifestyle choices

The *Health of Queenslanders 2016* report noted that almost half (46%) of the deaths of those aged 65–74 years in 2012 were due to lifestyle-related chronic conditions. The good news was that death rates were decreasing for major conditions, with risk of premature death from a lifestyle-related chronic condition decreasing by 23% over a decade.

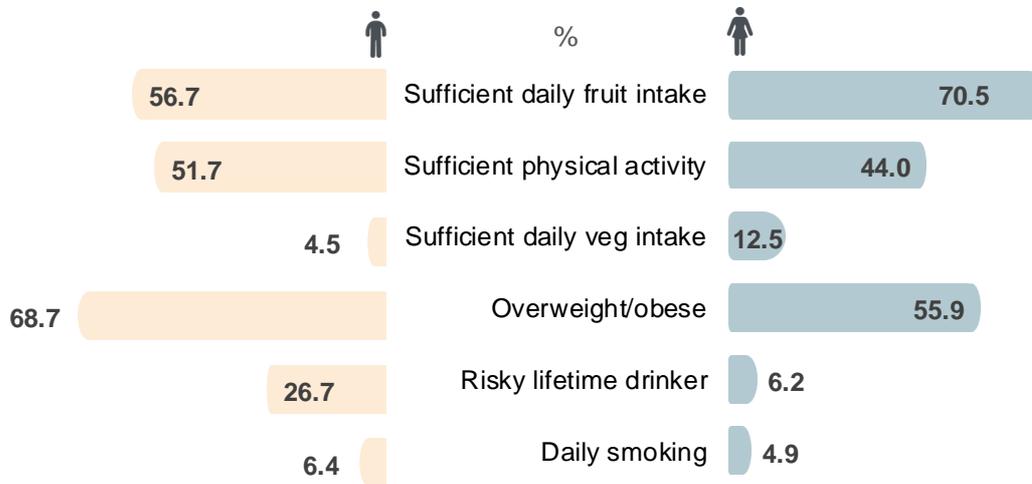
This was mainly attributed to:

- a steady decrease in tobacco use
- improved levels of physical activity
- improved monitoring of blood pressure and lipids
- earlier diagnosis and treatment of cardiovascular disease.

For older Queenslanders, measures of key modifiable risk factors from the Queensland Preventative Health Survey show that overweight/obese remained the top risk factor for

both older men and women in Queensland in 2015–16 (latest available data). A key protective factor for both sexes was sufficient daily fruit intake (Figure 14).

Figure 14 Modifiable risk factors of older Queenslanders by sex, 2015–16



Spotlight on Dementia

In 2016, there were an estimated 69,790 or 9.8% of older Queenslanders living with dementia. It's projected that dementia will affect 147,410 older Queenslanders (11.3%) by 2036.

Dementia is the leading cause of disease burden in women and the second leading cause of burden of disease in men among people aged 85 years and over in Australia. It is also the single greatest cause of disability in Australians aged 65 years or older with almost 1 in 10 (8.8%) affected by the disease in this age group.

People with dementia rely heavily both on formal health and aged care services and informal care provided by family and friends.

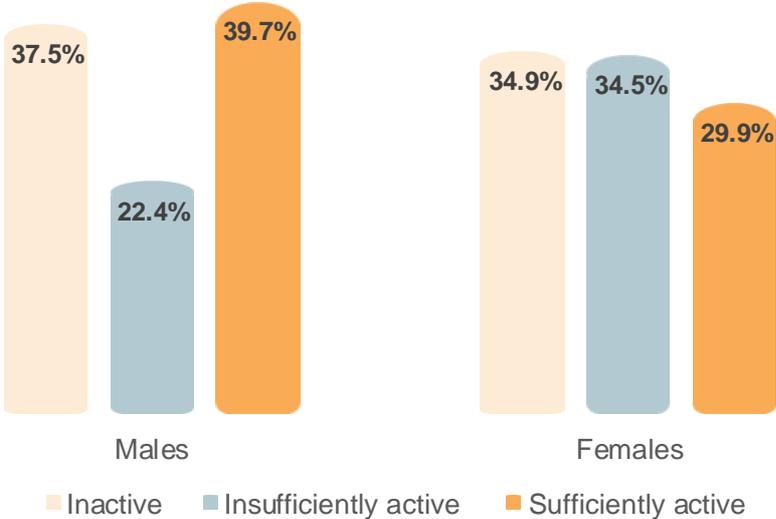
Physical activity levels of older Queenslanders

The Survey of Disability, Ageing and Carers reported that in 2014–15, about 20% of older Queenslanders did at least 30 minutes of exercise on five or more days in the last week prior to the survey, while half (50.4%) had no days in which they exercised for more than 30 minutes. Similar proportions of men and women aged 65 years and over did at least 30 minutes of exercise on five or more days in the last week (21.8% of men and 19.5% of women).

More men than women aged 65 years or older in Queensland participated in sufficient physical activity in the last week (39.7% compared with 29.9%). However, more than one third (37.5%) of older men surveyed were inactive in the week prior (Figure 15).



Figure 15 Physical activity levels of older Queenslanders by sex, 2014–15



Australia’s physical activity and sedentary behaviour guidelines recommend that older people engage in strength activities two or three times a week to help maintain bone strength.

In 2014–15, 1 in 8 older Queenslanders did strength or toning activities on two or more days in the last week. A higher proportion of men than women did two or more days of strength and toning activities (13.2% compared with 10.3%). Almost 9 in 10 (87.2%) older Queenslanders had no days in which they did strength or toning activities.



Glossary

Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2018 – Methodology – data was collected by Roy Morgan Research through their ongoing, weekly Single Source survey of 50,000 Australians. Relevant data from a sub-sample of 16,000 responses in each 12-month period were used in calculations for the Index. Data were gleaned using face-to-face interviews about internet and technology products owned, internet services used, personal attitudes and demographics. Further information can be found in Appendix 1: Methodology section of the report.

Health-adjusted life expectancy (HALE) – extends the concept of life expectancy by considering the time spent living without disease and injury. It reflects the length of time an individual at a specific age can, on average, expect to live in full health; that is, time lived without the health consequences of disease or injury. Definition sourced from: <https://www.aihw.gov.au/reports/burden-of-disease/health-adjusted-life-expectancy-australia/contents/summary>

Burden of disease – quantifies the impact of a disease and disability on a population by measuring the gap between a population's actual health and an ideal level of health in a given year. The measure also allows the health impacts of different diseases and disabilities to be compared.

Core activity need for assistance – people with a profound or severe disability, defined as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of disability, long-term health condition (lasting six months or more) or old age.

Dementia – dementia is not a specific disease; rather, it is a group of conditions characterised by the gradual impairment of brain function. It commonly affects people's ability to think, remember and reason, as well as affecting their personality and impairing other core brain functions such as language and movement. The condition is degenerative and irreversible. Definition sourced from: <https://www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/dementia/overview>

Disability – defined by the *ABS Survey of Disability, Ageing and Carers 2015* as any limitation, restriction or impairment, which restricts everyday activities and has lasted, or is likely to last, for at least six months.

Non-school qualification – educational attainments other than those of pre-primary, primary or secondary education. They include qualifications at the Postgraduate Degree level, Master Degree level, Graduate Diploma and Graduate Certificate level, Bachelor Degree level, Advanced Diploma and Diploma level, and Certificates I, II, III and IV levels. Non-school qualifications may be attained concurrently with school qualifications.

Primary carer – the main provider of care and provides the most assistance of all informal providers of care.

Data notes

- a) All data in this fact sheet were the most recent at the time of preparation and represent Queensland-specific data unless otherwise specified. Data in this fact sheet may differ from data in other publications due to revisions and different calculation methods.
- b) All charts have been produced by the Queensland Government Statistician's Office. Figures in charts may not add to 100% due to rounding.
- c) All Census analysis is based on usual resident counts.
- d) Driver licence data includes learners, open, provisional/probational, P1 and P2 licence types. Proportion of population with a driver licence is a QGSO estimate using preliminary estimated resident population at 30 June 2017 (ABS 3101.0 Dec 2017, published 21 June 2018).
- e) Average weekly hours spent on caring calculations exclude 'not known' responses.
- f) The social and community activities participated in away from home in the last 3 months are: visited relatives or friends, went out with friends or relatives, religious or spiritual group activities, voluntary or community service activities, performing arts group activity, art or craft, or practical hobby group activities, went on holidays or camping with others, sport or physical recreation with others, other recreational or special interest group activities, support groups and other activities not specified elsewhere.
- g) Volunteering and need for assistance calculations exclude 'not stated' responses.



Data sources

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- 2 ABS 4402.0, *Childhood Education and Care, Australia*, June 2017, published 23 April 2018.