

REPORT SERIES ON THE GEN08 SURVEY

OLDER
**JEWISH
AUSTRALIANS**

OVERVIEW

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REPORT
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Dina and Ron
Goldschlager Family



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OLDER JEWISH AUSTRALIANS: OVERVIEW

Knowledge is an expensive investment – ignorance is unaffordable.

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

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

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

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

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

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

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

Age – life stages

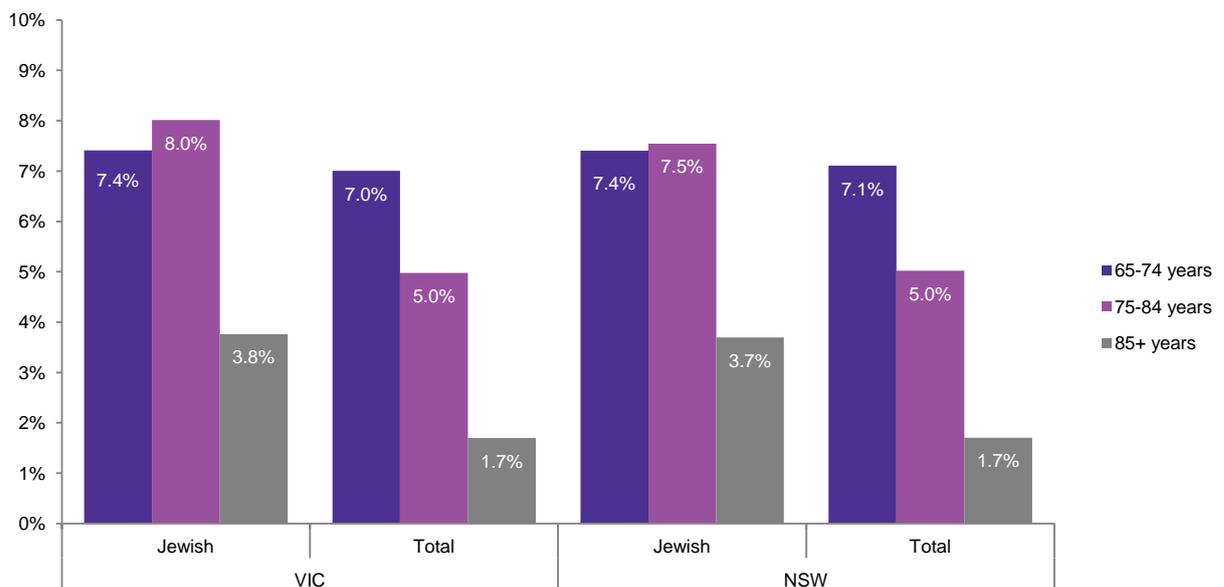
The definitions in this report of ‘young old’ (65-74), ‘middle old’ (75–84) and ‘old old’ (85 years and older) provide an important way to evaluate demand segmentation.

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

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

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

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



Source: ABS, 2006 Census

Population projections

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

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

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

Table 1: Projected Jewish population aged 65 and over based on 2006 population estimates, Victoria

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

Table 2: Projected Jewish population aged 65 and over based on 2006 population estimates, New South Wales

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

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

Cultural diversity

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

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

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

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

Experience of the Holocaust

Those born before 1930 were aged over 80 in 2010. This group includes the immigrant waves of Holocaust survivors, most of who arrived before 1955. There are also a relatively small number of child survivors, born in the period 1930–1945, who were aged 65-80 in 2010. Of the Holocaust survivors, a higher proportion of Eastern Europeans were drawn to settle in Melbourne, while a higher proportion of Central Europeans settled in Sydney. In 2009-10, 80% of clients accessing services for older people at Jewish Care Victoria were Holocaust survivors and originated from 26 different countries. This figure equates to 1,979 people.

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

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

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

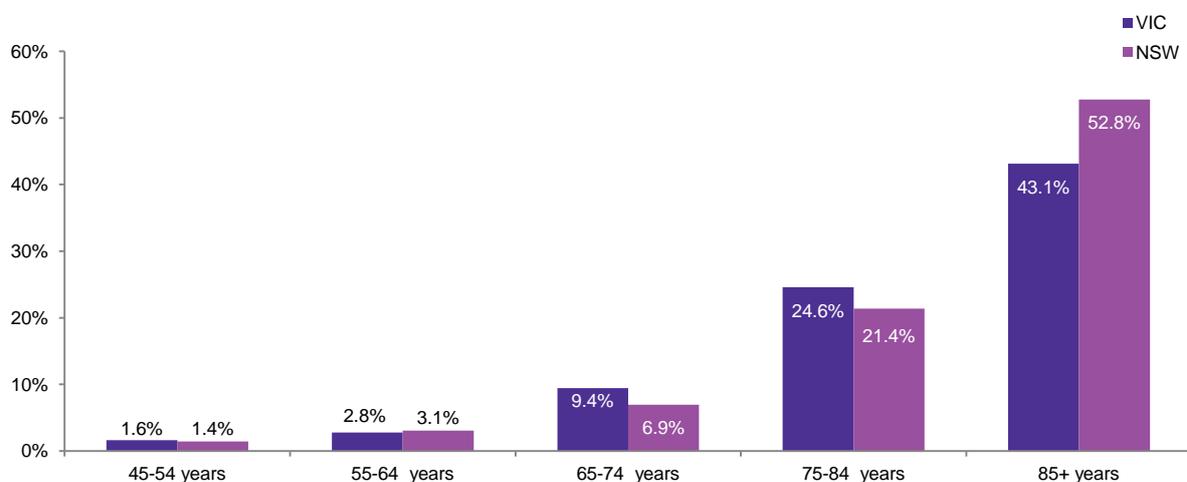
Lastly, whilst the numbers of Holocaust survivors will diminish over the next ten years, **there are emerging health concerns for the children of survivors, the Second Generation**, which will need appropriate service response to ensure the ongoing wellbeing of the community.

Chronic disease

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

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

Figure 2: Jewish population aged 45 and over, proportion of Jewish elderly population requiring assistance with core activities by age, Victoria and New South Wales



Source: ABS, 2006 Census

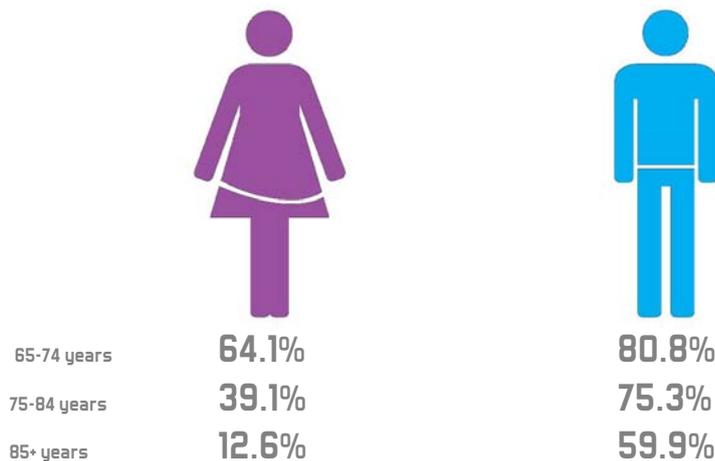
Requirement for assistance with ‘core activities’ (communication, mobility or self-care) is at the level of less than 10% of the Jewish population aged 65-74, close to 25% of those aged 75-84, and close to 50% of those aged 85 and over. **Those requiring some form of ‘assistance’ (a broader term than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

Marital status and residence

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

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

Figure 3: Jewish population aged 65 and over who are married, proportion by gender and age group, Victoria and New South Wales



Source: ABS, 2006 Census

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

Carer wellbeing

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

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

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

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

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

Health promotion

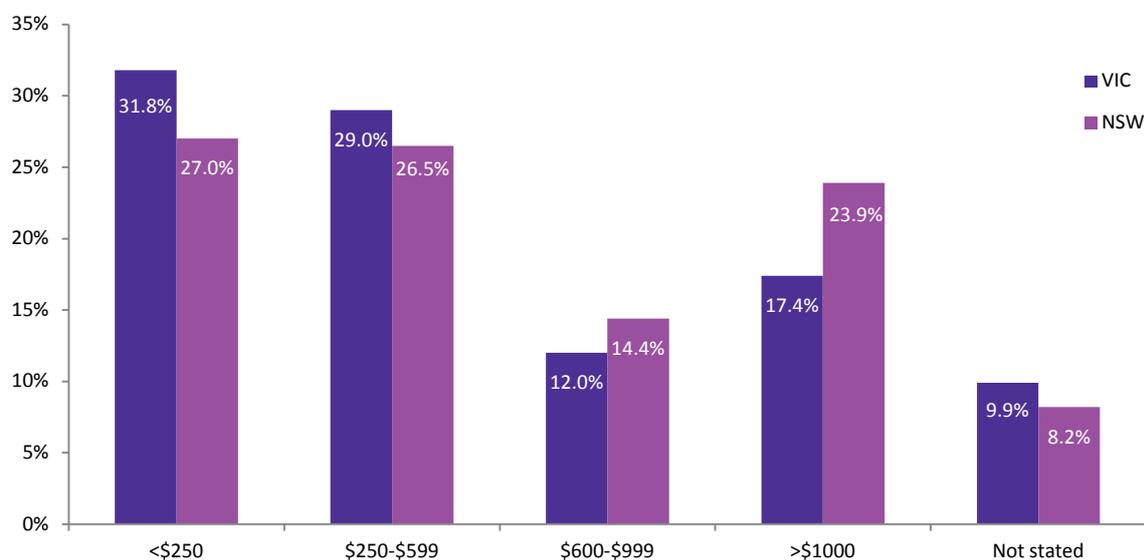
Health, especially ill health, can have a significant impact on people's lives and impact more with increasing age. Deterioration in the health of older people can result in loss of independence affecting, among other things, people's care needs, their housing arrangements, their financial security, their emotional well being and ultimately their capacity to remain living at home.

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

Financial capacity

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

Figure 4: Jewish population aged 65-84, individual weekly income, Victoria and New South Wales



Source: ABS, 2006 Census

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

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

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

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

Consumer expectations

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

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

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

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

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

Government policy

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

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

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

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

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

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

Implications

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

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

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

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

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

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

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

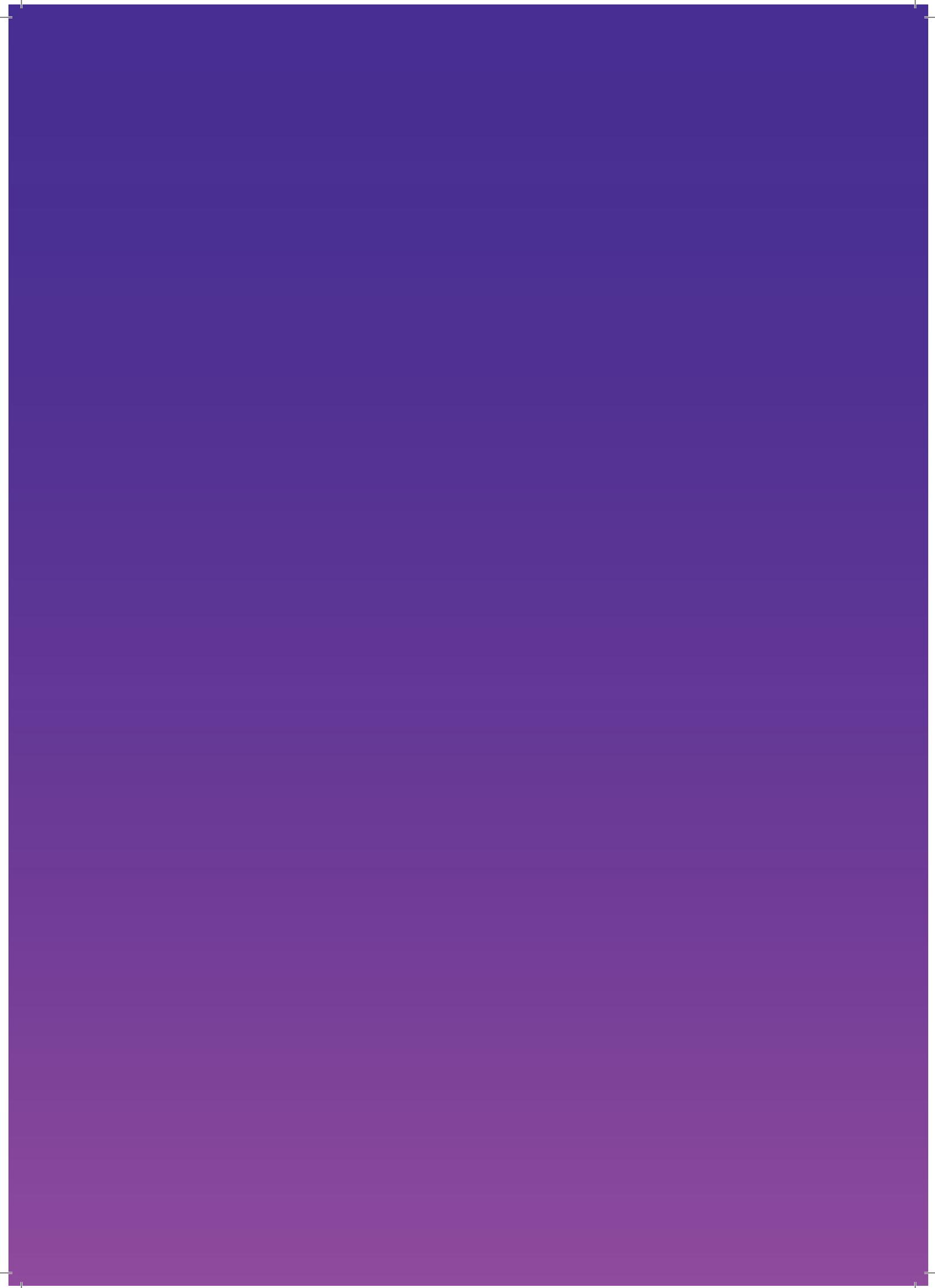
Conclusion

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

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

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

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





REPORT **3**

OVERVIEW