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**POPULATION
AGEING
RESEARCH**

Understanding the Role of International Migration & Changing Religious Affiliation On Aged Care

Jeromey Temple, Tom Wilson, David Tittensor, Ruth Williams
University of Melbourne

Bianca Brijnath
National Ageing Research Institute (NARI)
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Background

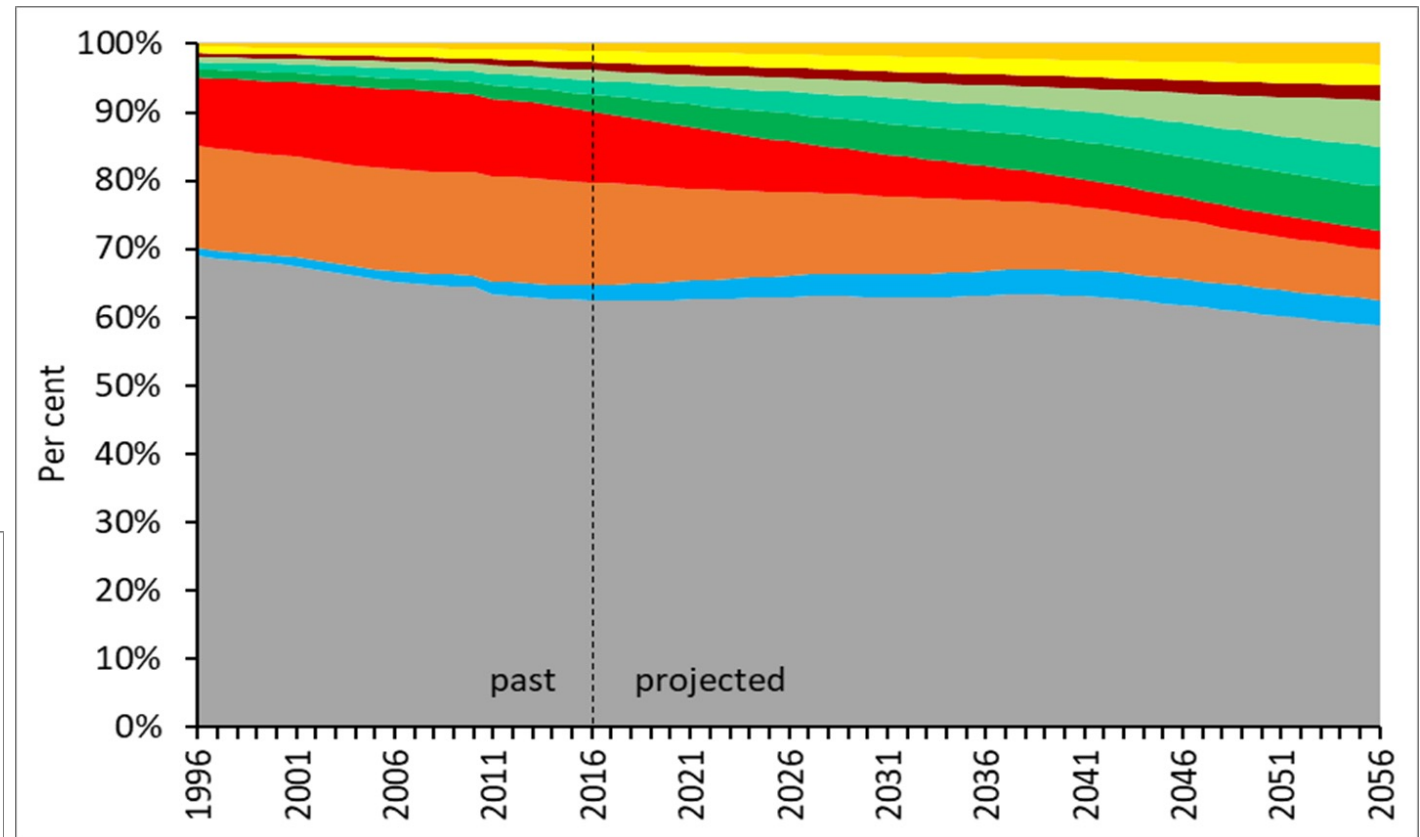
- The aged care sector in Australia is reliant on taxpayer funding with the Federal Government contributing \$14.1 billion towards residential care in 2019–20 through subsidies and supplements; capital grants; and program funding. Individuals who receive government-subsidised aged care can also contribute to the cost, if they can afford to, through co-payments and means tested fees and charges.
- Residential aged care services in Australia are largely operated by one of three categories of providers, not-for-profit (which includes religious, charitable and community organisations), government, or private organisations. In 2021, there were 735 organisations providing residential aged care across 2,722 facilities delivering services to 217,068 Australian residents.
- About 2/3rds of these providers were not-for-profit, including a significant proportion of religious organisations.

Background

- Overseeing the safety, health, wellbeing, and quality of life of residential aged care consumers is The Aged Care Quality and Safety Commission (a non-corporate Commonwealth entity). All government-funded aged care providers are required to comply with eight Aged Care Quality Standards which include (i) Consumer dignity and choice, (ii) Ongoing assessment and planning, (iii) Personal care and clinical care, (iv) Services and supports for daily living, (v) Organisations' service environment, (vi) Feedback and complaints, (vii) Human resources, (viii) Organisational governance.
- In addition to maintaining standards of physical and mental health care, quality person-centred care now encompasses a holistic view where there is also a recognised need to attend to the religious and spiritual needs of individuals. Religious affiliation has important implications for older Australians, who typically rely more on the health care system, including residential aged care.
- To date, little analyses of the future of religious affiliation in Australia, and religious affiliation of older Australians specifically.

Aims

- Understand shifting religious affiliation of Older Australians to mid-century.
- Develop a birthplace specific macrosimulation model which incorporates religious affiliation transitions.



Methods: Base Period Estimation

Demographic modelling was undertaken for population groups cross-classified by 18 birthplace categories and 12 religious affiliation groups (Table 1), giving 216 populations in total.

Religious affiliation	Birthplace
Anglican (9.8%)	Australia
Catholic (20%)	New Zealand
Congregational, Presbyterian, Reformed & Uniting (5.8%)	Melanesia & Micronesia
Pentecostal+ (3.8%)	Polynesia (excludes Hawaii)
Other Christian (4.5%)	United Kingdom & Ireland
Islam (3.2%)	Western & Northern Europe
Buddhism (2.4%)	Southern Europe
Hinduism (2.7%)	South Eastern Europe
Judaism (0.4%)	Eastern Europe
No religion (38.9%)	North Africa & Middle East
Other Religions (1.3%)	Mainland South-East Asia
Not stated & inadequately described (7.3%)	Maritime South-East Asia
	Chinese Asia (includes Mongolia)
	Japan and the Koreas
	Southern and Central Asia
	Northern America
	South & Central America & Caribbean
	Sub-Saharan Africa

ERP and Births

- Population estimates by religious affiliation and birthplace were required for the jump-off year of the projections, 2021, and the earlier years of 2016 and 2011 for estimating base period demographic data.
- Estimated Resident Populations (ERPs) were available from the ABS for these years by birthplace, but not birthplace cross-classified by religious affiliation. We therefore disaggregated birthplace ERPs to religious groups using 2011, 2016 and 2021 census counts obtained via ABS TableBuilder.
- This generated ERPs by sex and 5 year age groups for 216 religious affiliation by birthplace groups for the three years.
- Births by age group and birthplace of mother for 2016-21 were purchased from the ABS. Births data classified by mother's religious affiliation are not available. Age-Specific Fertility Rates by birthplace of mother, and for the Australian population as a whole, were then calculated. Differences between birthplace-specific Total Fertility Rates and the national TFR were used in setting fertility assumptions.

Deaths and Immigration

- Deaths by birthplace, sex and abridged life table age groups (0, 1-4, 5-9, 10-14, ... 80-84, 85+) for 2016-21 were purchased from the ABS. Deaths data with religious affiliation breakdown are not available. Age-Specific Death Rates, and then abridged life tables, were calculated for each birthplace group and sex and for Australia as a whole.
- International migration data was obtained from both the census and ABS overseas migration estimates. Customised overseas migration tables for 2016-21 were obtained from the ABS by birthplace, age, and sex. A breakdown by religion is not available in this data source, though it is available with census immigration counts. Census data was extracted from TableBuilder on the number of people living overseas 5 years ago by birthplace, religion, age, and sex.
- Census immigration data are transition-type measures of migration which record net changes of address at 5 year intervals; the migration values are smaller than movement-type measures of migration flows. The census immigration flows were therefore scaled up to match ABS immigration estimates for 2016-21. Emigration rates were estimated by birthplace, age, and sex using the ABS overseas migration estimates and ERPs by birthplace, age, and sex.

Religious Movement Rates

- Religious affiliation consistent ERP using the full-count census.
- The estimation of religious movement rates involved multiple data sources. It required census data on people reporting different religious affiliations between the 2011 and 2016 censuses, obtained from the Australian Census Longitudinal Dataset (ACLD) via TableBuilder. Linked 2016-21 census data are yet to be released.
- The ACLD is a 5% sample of probabilistically-linked records between censuses. These data were then used to calculate inward and outward religious change rates assuming just one religious movement in the five-year interval.

23 What is the person's religion?

- Answering this question is **OPTIONAL**.
- Examples of 'Other': LUTHERAN, SALVATION ARMY, JUDAISM, TAOISM, ATHEISM.
- Mark one box, like this:

No religion

Catholic

Anglican (Church of England)

Uniting Church

Islam

Buddhism

Presbyterian

Hinduism

Greek Orthodox

Baptist

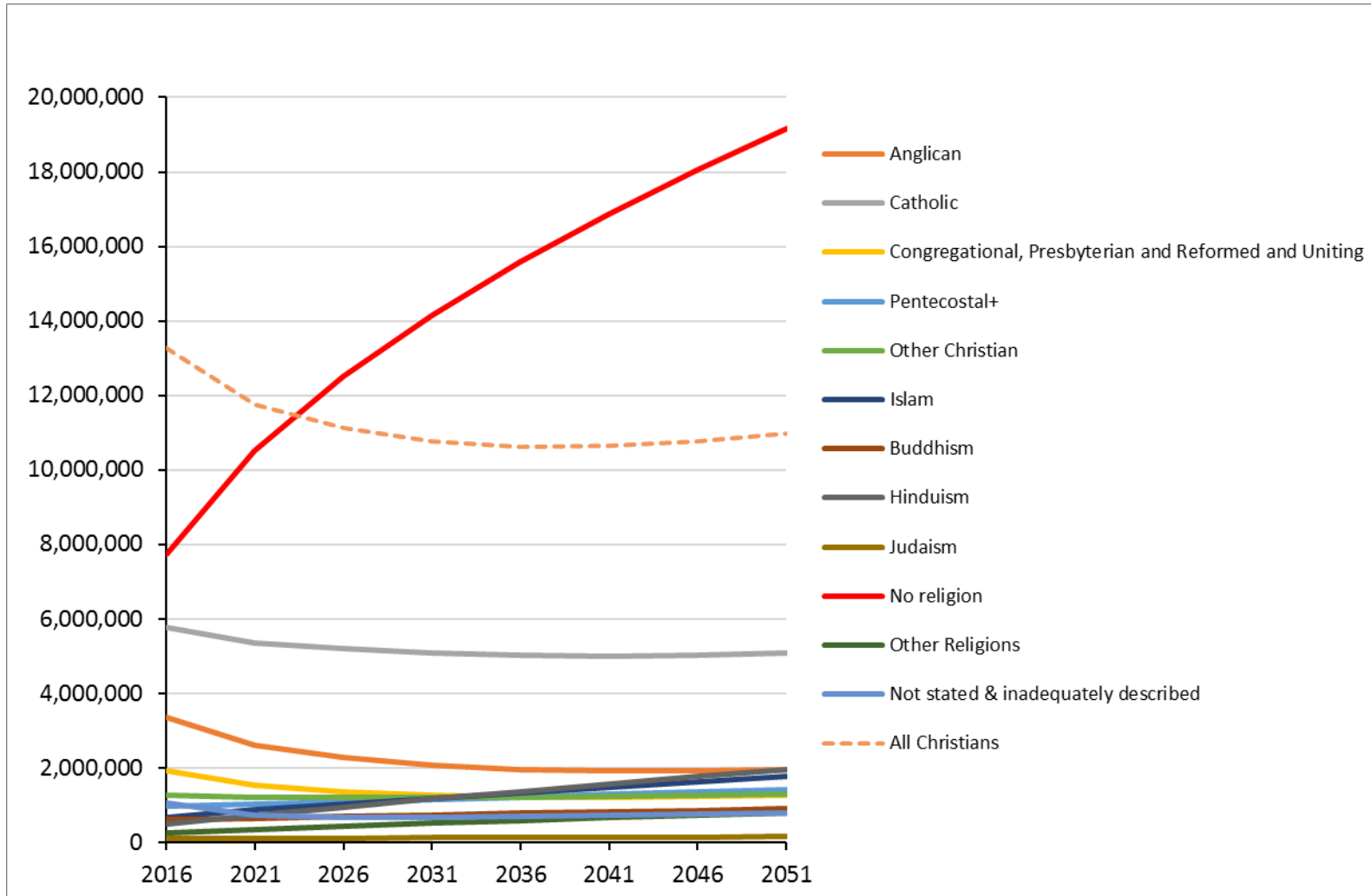
Other (please specify)

- The religious change rates were then adjusted to be consistent with 2016-21 population change for religious populations. Population accounts by sex and age were created for each religious group to ensure that deaths, immigration, emigration, religious inflows and religious outflows matched total cohort change over the 2016-21 period.

Projection Assumptions

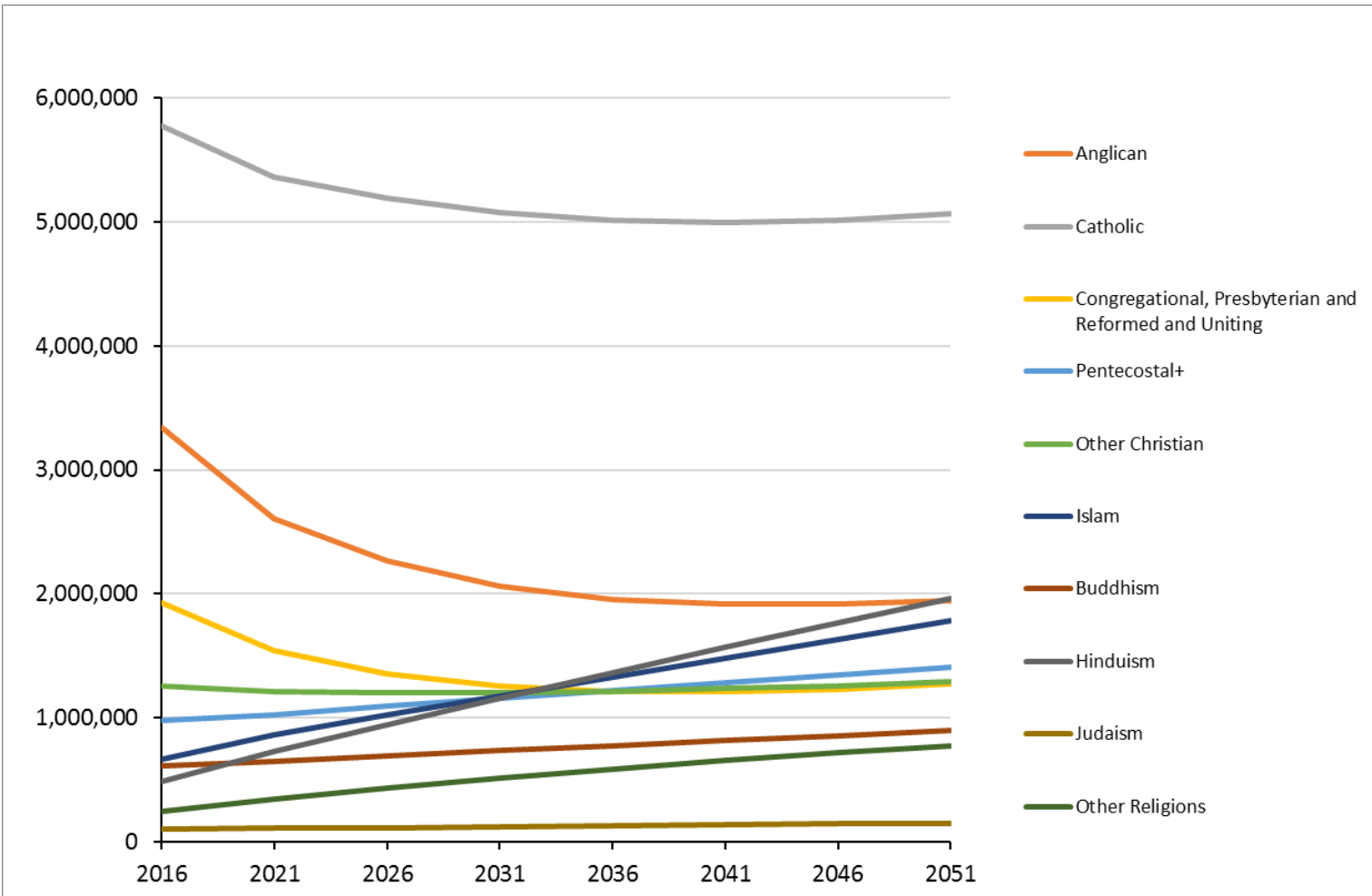
- A national Total Fertility Rate of 1.65 was assumed for the whole projection horizon, with birthplace-specific TFRs maintaining the same difference with the national TFR recorded for 2016-21.
- Mortality was assumed to continue increasing, with birthplace-specific life expectancy at birth maintaining the same difference with national life expectancy in 2016-21. National mortality projections were prepared using an extrapolative model of mortality (Ediev, 2008).
- National Net Overseas Migration was set at 235,000 per year to align with Commonwealth Treasury long-run projection assumptions. NOM was distributed to religious/birthplace groups on the basis of 2016-21 immigration recorded by the 2021 Census and assumed to remain constant throughout the projection horizon.
- Estimated religious change rates for 2016-21 were assumed to remain constant.

Results: Religious Affiliation, 2016 - 2051



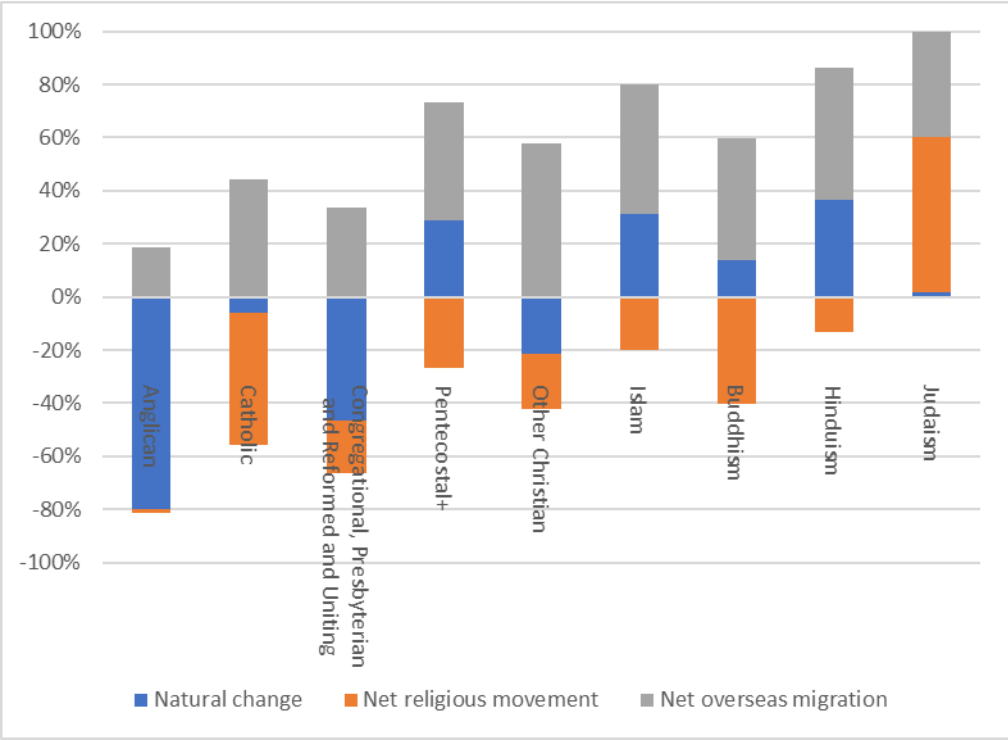
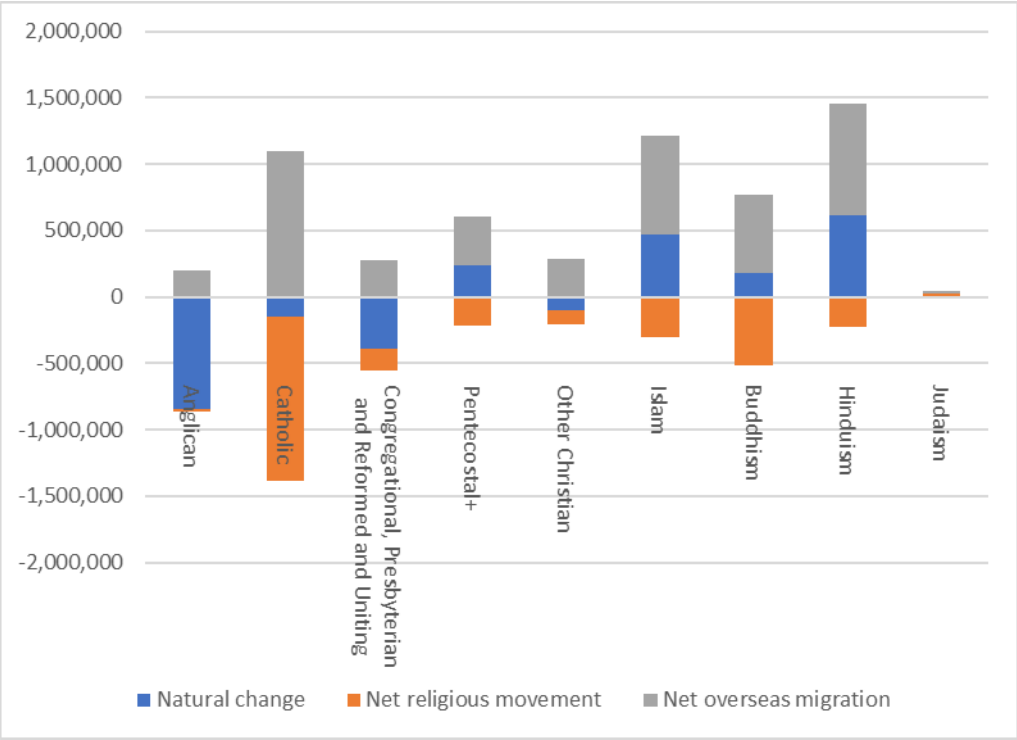
- Very large increase in ‘No religion’
 - 8 mill to over 19 mill (2016 – 2051)
- Significant decline in any Christian affiliation
 - Just under 14 mill to approx. 11 mill (2016 -2051)

Results: Religious Affiliation, 2016 - 2051



	2021-2051 (%)
Anglican	-25
Catholic	-5
Congregational etc	-18
Pentecostal+	37
Other Christian	6
Islam	105
Buddhism	40
Hinduism	169
Judaism	41
No religion	82
Other Religions	124

Results: Summary Drivers of Change (2021-2051)

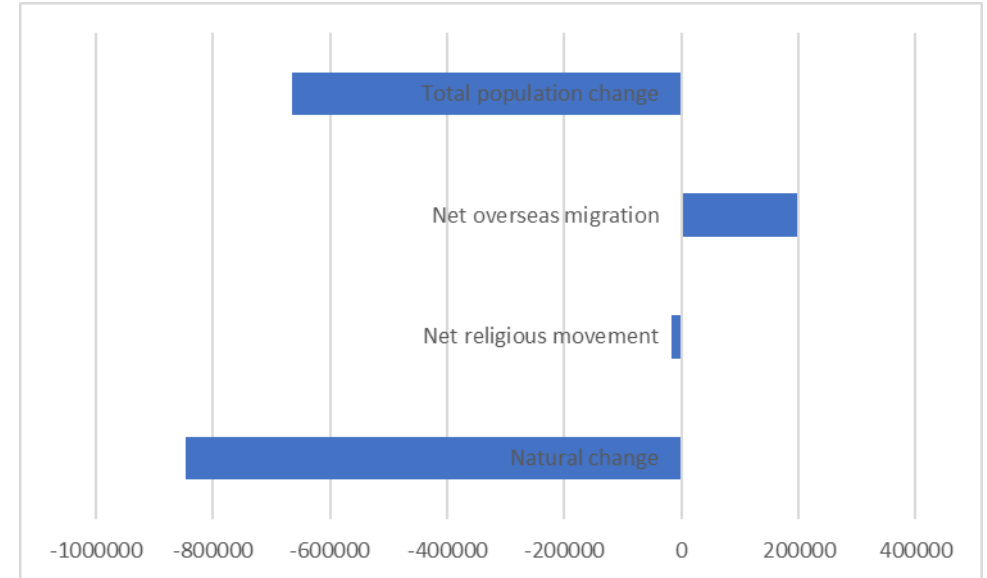
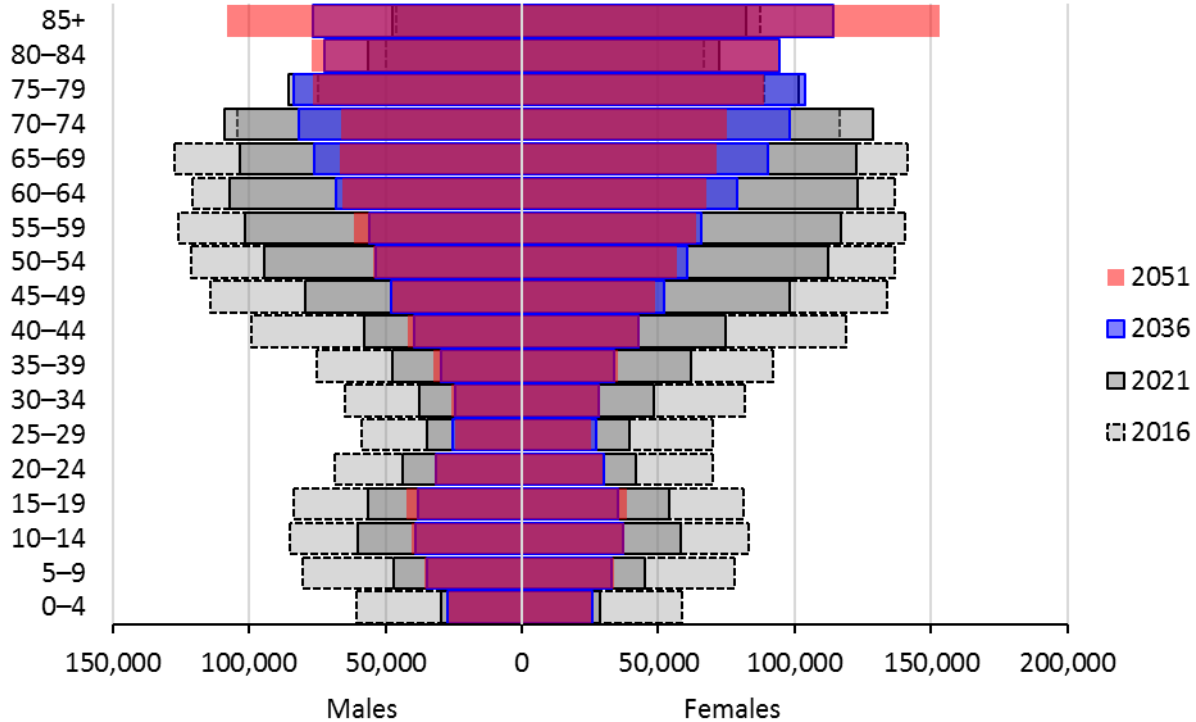


Results: Religious Affiliation, 2021 - 2051

	All Ages		Aged 65+	
	Change (%)	Change (n)	Change (%)	Change (n)
Anglican	-25	-665234	-4	-31977
Catholic	-5	-293750	38	398059
Congregational etc.	-18	-271569	-6	-30868
Pentecostal+	37	384237	84	114286
Other Christian	6	77659	39	108887
Islam	105	913340	410	169591
Buddhism	40	254825	126	104691
Hinduism	169	1232892	383	119201
Judaism	41	43660	59	15366
No religion	82	8650009	179	1923570
Other Religions	124	430154	199	41728

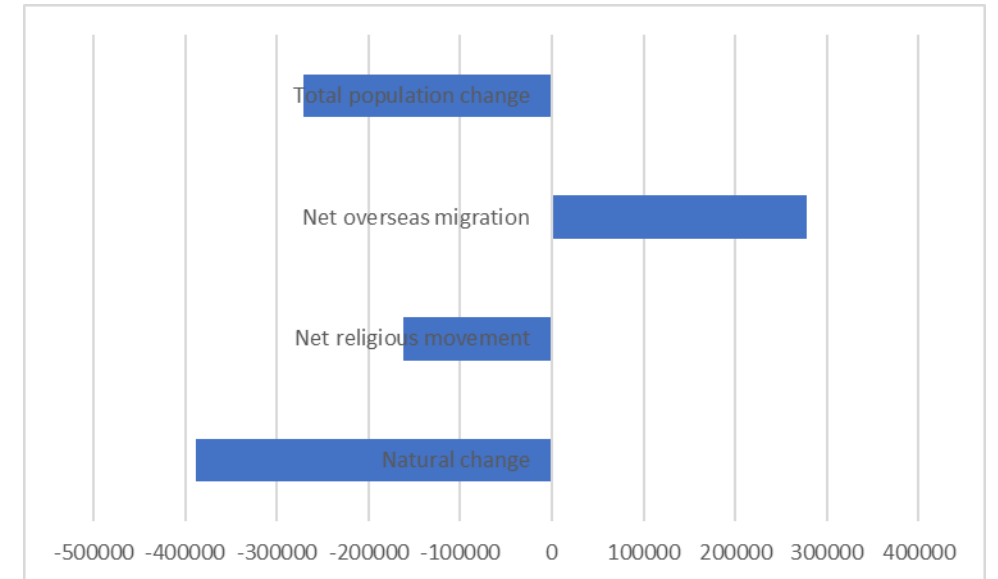
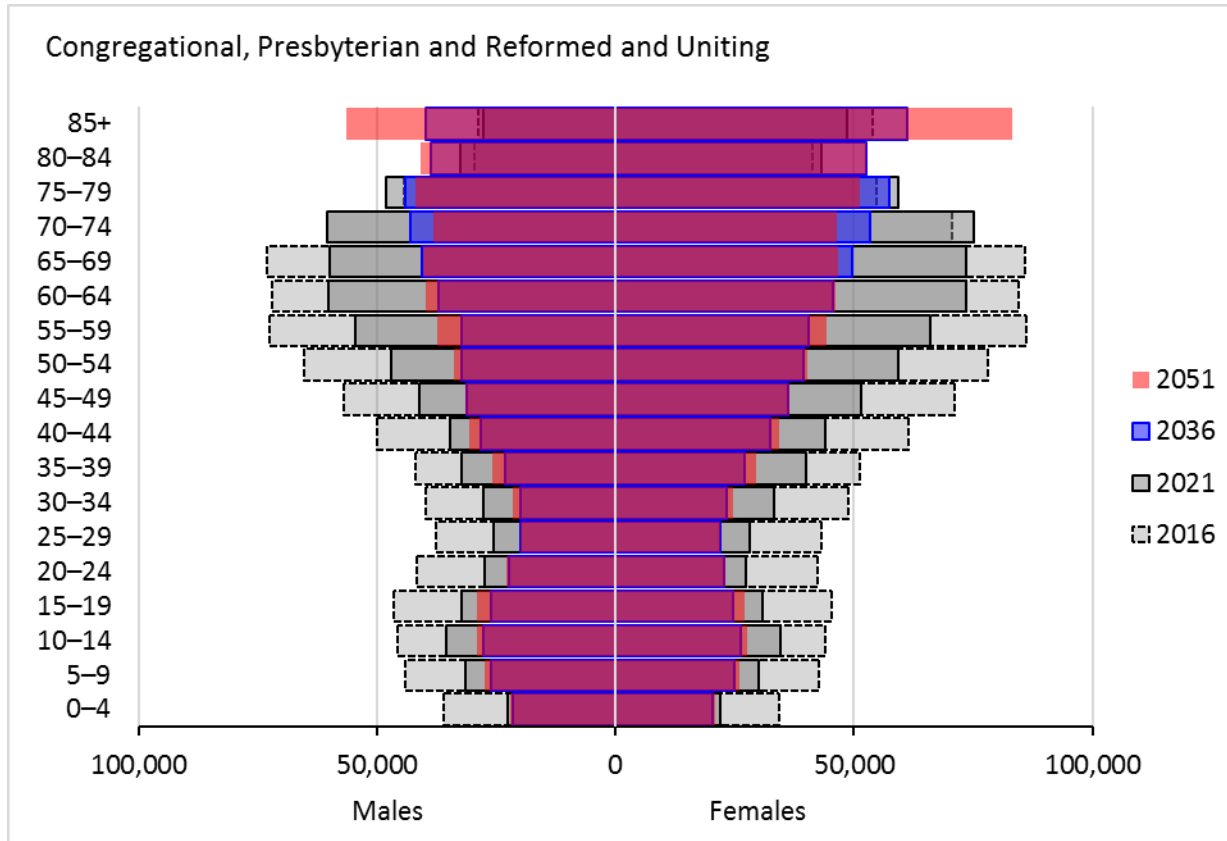
Anglican Affiliation

Anglican



- 2.6m (2021) -> 1.9m (2051)
- 25% loss Population. 4% loss 65+
- Aus born distribution. 81 ->72%

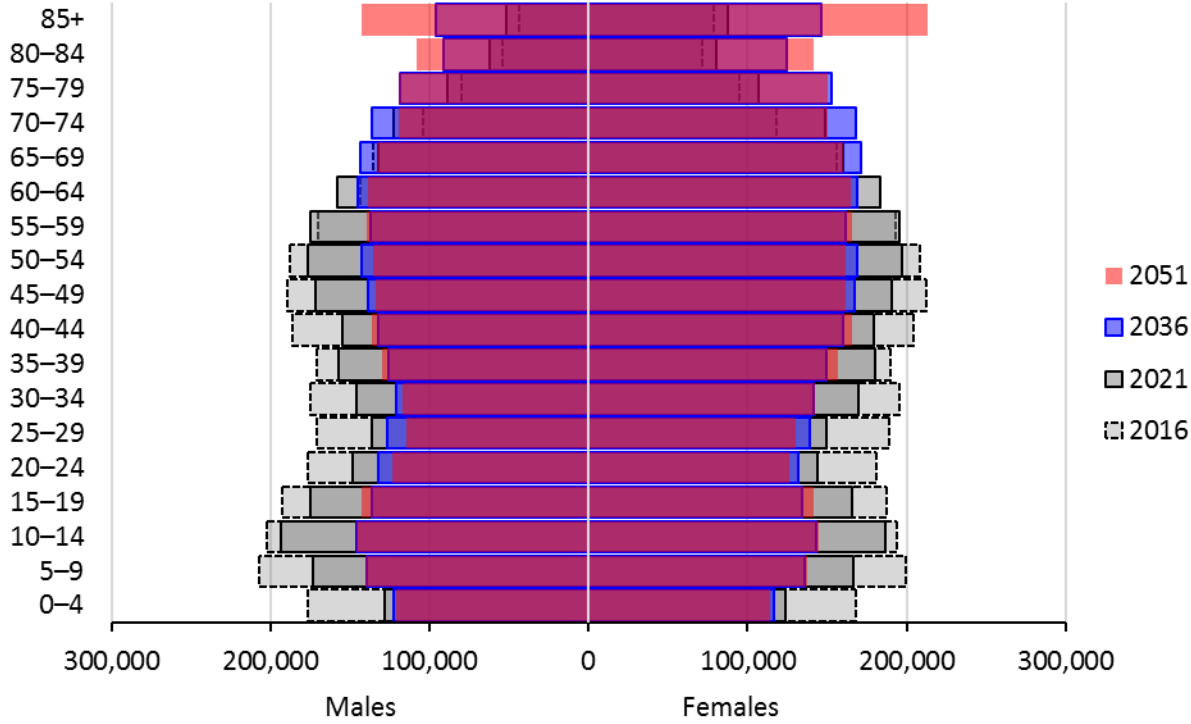
Congregational, Presbyterian, Reformed, and Uniting



- 1.54m (2021) -> 1.26m (2051)
- 18% loss Population. 6% loss 65+
- Aus born distribution. 77 ->70%

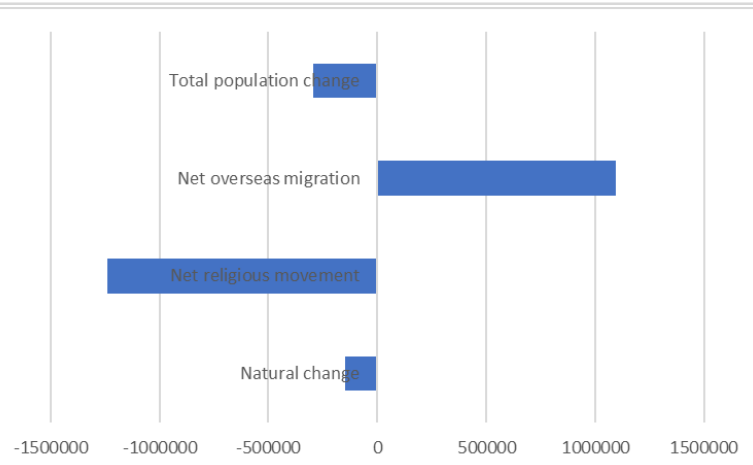
Catholic Affiliation

Catholic



2021 - 2051 Change
Pop.

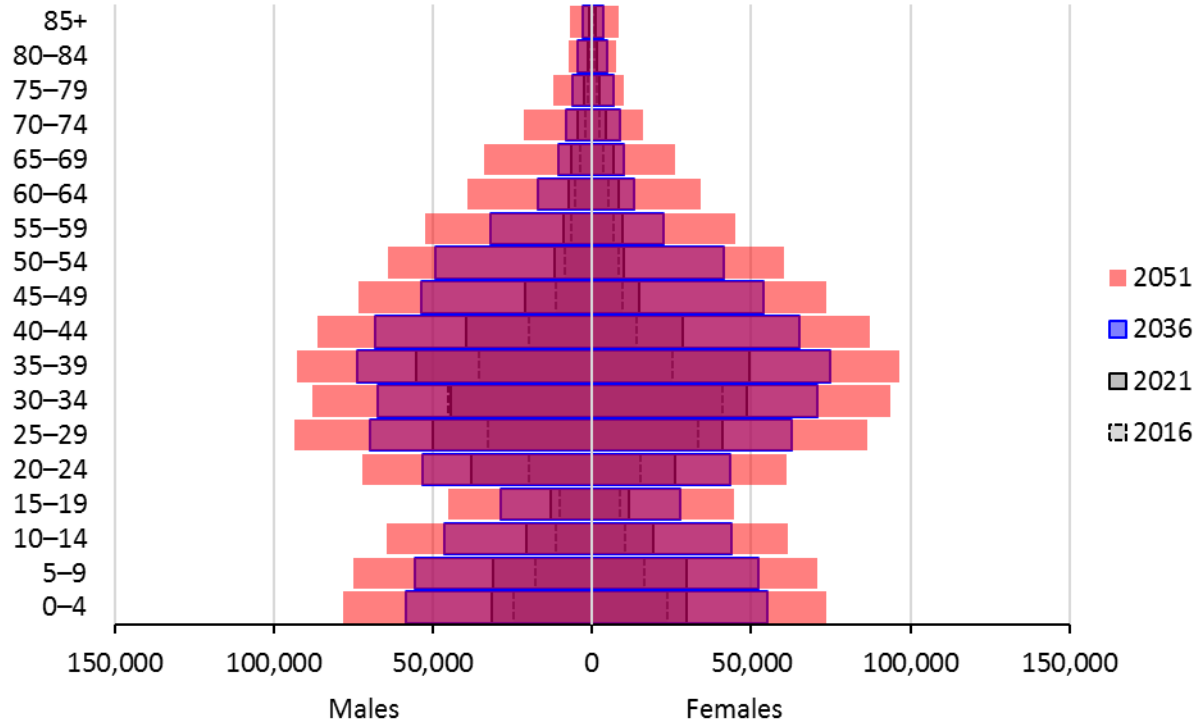
	Distribution	Population	Growth
Australia	-7.0	-570120	-15
New Zealand	0.2	5727	9
Melanesia & Micronesia	0.0	146	1
Polynesia (excludes Hawaii)	0.2	7752	43
United Kingdom & Ireland	-0.2	-19159	-10
Western & Northern Europe	-0.2	-15525	-22
Southern Europe	-1.0	-59199	-30
South Eastern Europe	-0.5	-28276	-52
Eastern Europe	0.1	3113	6
North Africa & Middle East	0.4	13375	13
Mainland South-East Asia	0.7	29889	49
Maritime South-East Asia	3.6	165393	58
Chinese Asia (includes Mongolia)	0.4	17051	58
Japan and the Koreas	0.1	4964	26
Southern and Central Asia	1.7	77960	72
Northern America	0.2	6845	28
South & Central America & Caribbean	1.1	52419	49
Sub-Saharan Africa	0.3	13893	21



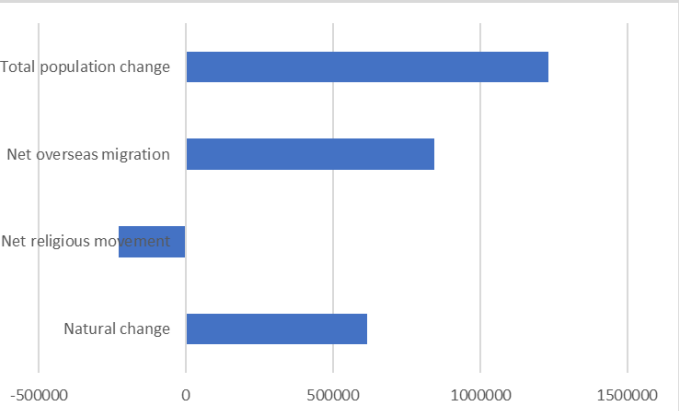
- 5.36m (2021) -> 5.07m (2051)
- 5% loss Population. 38% gain 65+
- Australian born distribution. 73 -> 66%

Hinduism

Hinduism

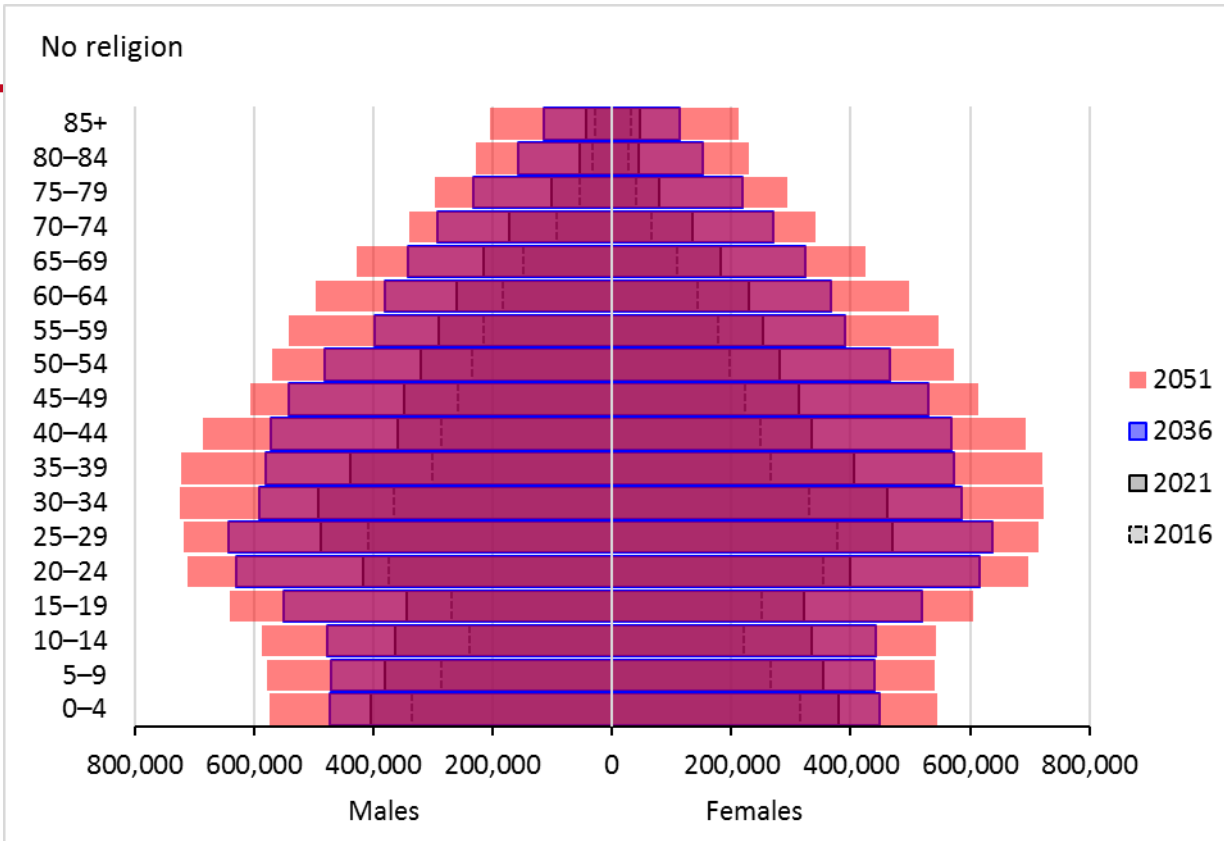


	2021 - 2051 Change		
	Distribution	Population	Pop. Growth
Australia	15.1	541143	373
New Zealand	0.0	7937	178
Melanesia & Micronesia	0.0	666	1075
Polynesia (excludes Hawaii)	-2.1	19870	54
United Kingdom & Ireland	-0.2	3938	84
Western & Northern Europe	0.0	624	103
Southern Europe	0.0	648	245
South Eastern Europe	0.1	1172	1490
Eastern Europe	0.0	943	534
North Africa & Middle East	0.4	11968	524
Mainland South-East Asia	0.1	3584	915
Maritime South-East Asia	0.2	27602	193
Chinese Asia (includes Mongolia)	0.9	18041	4647
Japan and the Koreas	0.0	845	600
Southern and Central Asia	-14.4	568920	113
Northern America	0.0	2621	134
South & Central America & Caribbean	0.0	1116	461
Sub-Saharan Africa	-0.1	21253	158

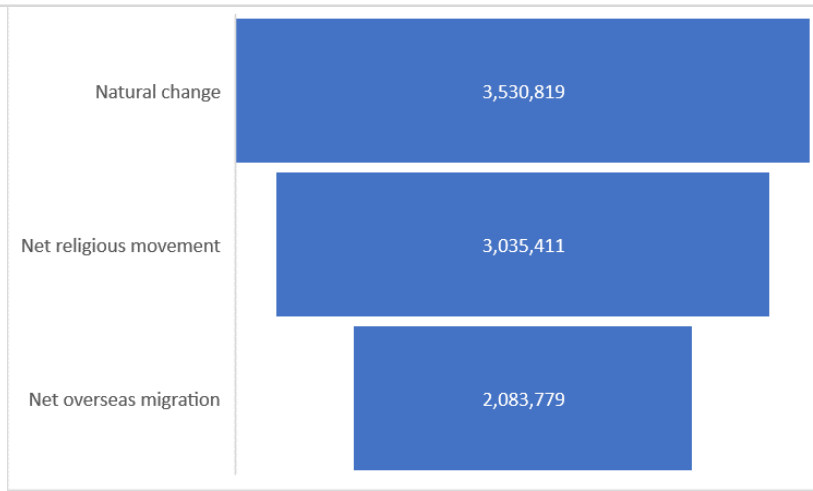


- 729k (2021) -> 1.96m (2051)
- 169% gain Population. 383% gain 65+
- Australian born distribution. 20 ->35%

No Religion, 2021 - 2051



Distribution	2021 - 2051 Change		
	Population	Pop. Growth	
Australia	-4.9	5835608	71
New Zealand	0.0	246505	83
Melanesia & Micronesia	0.0	12082	100
Polynesia (excludes Hawaii)	0.1	27375	218
United Kingdom & Ireland	-1.6	151539	27
Western & Northern Europe	-0.4	40773	30
Southern Europe	0.0	23904	76
South Eastern Europe	-0.1	12939	39
Eastern Europe	0.0	40020	85
North Africa & Middle East	0.4	128564	220
Mainland South-East Asia	0.9	243582	249
Maritime South-East Asia	0.9	255764	280
Chinese Asia (includes Mongolia)	2.4	910257	168
Japan and the Koreas	0.3	109594	147
Southern and Central Asia	1.2	268207	546
Northern America	0.2	102860	120
South & Central America & Caribbean	0.3	104069	168
Sub-Saharan Africa	0.4	136366	170



- 10.52m (2021) -> 19.17m (2051)
- 82% gain Population. 179% gain 65+
- Additional 1.92 million 65+ specifying 'No Religion'

Discussion

- Considerations at the intersection of ethno-specific and religious/spirituality care in Australia.
- Christian RACs that wish to maintain their religious identity will need to diversify their remit from European to Asian, African, and other overseas born clientele to continue to deliver religiously informed aged care.
- RACs and Multidenominational care. Faith based care facilities are increasingly welcoming multiple denominations and multi-faith residents as religion in Australia is now a moving landscape. For example, UnitingCare Australia states they do 'not promote a particular denomination, religion or doctrines within chaplaincy services. The dignity and choices of the individual older person are fully respected' (United Care Australia, 2022).

Discussion

- RACs that wish to reach a larger clientele will need to offer more diverse religiously informed care by drawing on tenets from Islam, Hinduism, Buddhism, and Sikhism.
- Given the cultural diversity of the aged care workforce, growing religious diversity within the broader population may offer common ground to deliver person-centred care.

Discussion

- Large shift toward 'No Religion'. However, this does not imply 'No Spirituality'
 - National Guidelines for Spiritual Care in Aged Care. The Guidelines recognise the spiritual dimension as a basic human right, and an important aspect of holistic care.

DISTINCTIONS BETWEEN RELIGIOUS AND SPIRITUAL CARE

The distinctions between religious and spiritual care can be defined (5) as:

- *Spiritual care might be said to be the umbrella term of which religious care is a part. It is the intention of religious care to meet spiritual need.*
- *Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.*
- *Spiritual care is not necessarily religious. Religious care should always be spiritual.*



SPIRITUALITY

Capturing the essence of spirituality in words is challenging and there are many published definitions. Rather than selecting one 'right' definition, three definitions are provided below to bring clarity and different perspectives. These definitions reflect the overlaps, synergies and subtle differences in what is meant by spirituality.

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices (2).

The definition of spirituality is: that which lies at the core of each person's being, an essential dimension which brings meaning to life. Constituted not only by religious practices, but understood more broadly, as relationship with God. However God or ultimate meaning is perceived by the person and in relationship with other people (3).

Spirituality is universal, deeply personal and individual. It goes beyond formal notions of ritual or religious practice to encompass the unique capacity of each individual. It is at the core and essence of who we are, that spark which permeates the entire fabric of the person and demands that we are all worthy of dignity and respect. It transcends intellectual capability, elevating the status of all of humanity to that of the sacred (4).

Key points & Extensions

- At the population level, rapid increase in proportions reporting 'No religion', alongside a decrease in Christian religions and increase in Islam, Buddhism and Hinduism.
- For the 65+ population, increase in Catholicism (mostly 80+), with relative stability in Anglican and Congressional affiliation.
- However, if the projection horizon is extended beyond 2051, declines for these Christian affiliations are likely.
- Considerable heterogeneity in the age structure, population pathways and drivers of population change across religious groups.
- Extension: (i) simulations of source country propensities & (ii) decomposing source country religion preference.

Projections data

Coming soon at <https://www.cepar.edu.au/cepar-population-ageing-projections>

- Research Briefs
 - CEPAR Population Ageing Futures Data Archive
 - Projections of the Aboriginal and Torres Strait Islander population
 - Population projections for Australia, the States and Territories
 - Projections of Australia's migrant populations
 - Projections of Australia's sexual minority population
 - Projections for Australia's regional and remote populations
 - Estimates of Australia's oldest old population
 - Projections of dementia
 - The impact of COVID-19 on population ageing
 - Metadata Database on Ageing
 - COVID-19 Macroeconomic Modelling Results Dashboard
 - RADAR
 - Videos

CEPAR Population Ageing Futures Data Archive



Project overview	Projections and estimates	Project team	Contact
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Project overview

CEPAR is providing data sets of projecting the composition and diversity of Australia's older population. Detailed population projections are currently available for the [Aboriginal and Torres Strait Islander population](#), [Australia, the States and Territories populations](#), [Australia's migrant populations](#), [Australia's sexual minority population](#), as well as [regional and remote populations](#), and [estimates of Australia's 'oldest-old' population](#) and [projections of dementia](#) and of how the COVID-19 pandemic affects population ageing in Australia. CEPAR will be releasing on a rolling basis further projections and estimates, including of English language proficiency, religiosity, and detailed sub-national estimates of future ageing.

Background

Australia is experiencing population ageing. The number of people at the older ages is growing rapidly (numerical ageing) and this age group of the population is forming an increasing share of the total population (structural ageing). However, with a few exceptions, understanding the diversity of future population change within the older population has been largely overlooked.

Understanding the diversity of future population change within the older population is important as the [Aged Care Act 1997](#) as well as a series of policy documents cement the Australian Commonwealth Government's commitment to meeting the needs of older Australians from diverse backgrounds. Notable examples include the Department of Health's [Aged Care Diversity Framework](#), the [Charter of Aged Care Rights](#), and the [Aged Care Quality Standards](#) all of which enshrine, mandate, and regulate respectively the need for appropriate and safe aged care.



Email

jeromey.temple@unimelb.edu.au

Twitter

[@JeromeyTemple](https://twitter.com/JeromeyTemple)