H The survey of disability, ageing and carers

One of the principal data sources about older Australians, their care needs and the people who care for them is the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC). This appendix provides a brief background to the survey (section H.1), explores the accuracy and applicability of the survey including some unexpected outcomes in relation to dementia (section H.2) and outlines the data the Commission has extracted from the SDAC to assist with undertaking this inquiry (section H.3).

H.1 What is the SDAC?

SDAC is an ABS survey that collects information on people who may need care and who provide care in Australia. The latest three survey periods were 1998, 2003 and 2009, with the results of the 2009 SDAC being progressively released since November 2010 — coinciding with the timing of this inquiry.

The SDAC collects information on three subsets of the Australian population who:

- have a disability
- are aged 60 years or older
- provide assistance to older people or people with a disability.

As such, the survey is a timely and relevant data source for this inquiry. It contains estimates of the prevalence of diseases, conditions and disabilities that affect older Australians; what needs older people and their carers have; and how well these needs are being met. Descriptive statistics on both those receiving care and those providing care are also provided by the SDAC.

While the structure, and some variables, of the SDAC have changed over the survey periods, they are largely comparable which allows trends to be examined.

H.2 Accuracy of the survey results

This section examines the SDAC survey and how its accuracy and reliability may have changed over time. This can guide the Commission in how best to use the survey results and identify where the survey results should be treated with caution. For example, this discussion of the reliability and applicability of the survey results has assisted the Commission in assessing the prevalence data on dementia — as those results appear to be inconsistent with other studies and did not conform to prior expectations.

As with any survey, the data contained in the SDAC are subject to sampling error. That is, the people chosen to participate in the survey may not be representative of the general population. The 2003 and 2009 SDACs have benefited from recent improvements in survey design techniques and tools to test the accuracy of surveys.

One way of indicating the accuracy of the survey is by the calculation of confidence intervals. Where used, the Commission has calculated what are referred to as 95 per cent confidence intervals. This indicates that if the survey methodology was repeated 100 times, the actual value of the variable in the general population would be expected to fall within the calculated confidence interval 95 times. The approach used by the ABS to develop standard errors (on which the confidence intervals are based) for the last three survey periods is different, but the changes should enhance the robustness of the confidence intervals in the 2003 and 2009 surveys (box H.1).

An important characteristic of the SDAC is that, apart from people living in cared accommodation[1], it is self reported — that is, it relies on survey respondents to accurately provide information on the questions they are asked[2]. When a person provides inaccurate information (either accidently or deliberately) it is known as 'self reporting bias'. One area where the effects of this is potentially quite significant is in the calculation of disease and disability prevalence rates. The reporting of diseases and disabilities in the SDAC could be inaccurate because of:

- the methodology of the survey
- undiagnosed conditions
- misdiagnosed conditions
- deliberately misreported conditions
- accidently unreported conditions.

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[1] Cared accommodation includes hospitals, homes for the aged such residential aged care facilities and aged care hostels, cared components of retirement villages, and other 'homes', such as children's homes.

[2] This is a common method and is used in numerous other surveys around the world including the Australian Census of Population and Housing.

Box H.1 **Confidence intervals in the SDAC**

The methodology used by the ABS to represent the standard errors varied across the 1998, 2003 and 2009 SDACs, and as a result, so did the process used to calculate the upper and lower bounds for the confidence intervals.

While the changing methodologies do create some difficulties in comparing estimates, the change to the 'Jackknife method' in the 2003 and 2009 SDACs means that the accuracy of calculated confidence intervals should have improved.

For the 1998 SDAC, the ABS used a theoretical approach to determine the size of the standard errors. Rather than providing standard error estimates for each variable (or a means of calculating them), the ABS provided approximate estimates based on an assumption that the underlying population was consistent with a normal distribution.

In the 2003 and 2009 SDACs, the 'Jackknife method' was used. Under that method, standard errors are determined by re-estimating a variable of interest, but each time the re-estimate is performed, a sub sample of the survey is excluded. The logic behind this approach is that if the estimates are reliable, then a similar estimate should be produced if some of the observations were excluded.

Rather than randomly selecting which observations should be excluded each time, this approach requires that each of the sub samples (called replicate groups) should have the same characteristics as the overall sample (typically gender mix, age and other variables which had been used to ensure that the survey was representative of the wider population). The closer these re-estimates are to each other, the narrower is the confidence interval and the more reliable are the estimates.

The ABS divided the sample into 30 replicate groups for the 2003 SDAC and 60 groups in the 2009 SDAC.

The methodology of the survey

The survey collects information about conditions in three indirect ways:

- a respondent can identify a condition that is the main source of their disability or impairment
- respondents can nominate up to three conditions which contribute to each broad area of impairment they have
- finally, respondents have the opportunity to nominate up to three conditions in addition to those already reported.

As there are 16 broad areas of impairment, the most conditions a respondent could name would be 52 (although it would normally be expected that a respondents main condition would be listed as contributing to one or more broad areas of impairment).

This indirect method of identifying what conditions respondents might have effects on the reliability of prevalence rates based on the SDAC because:

- the reporting of specific conditions is likely to be understated
- while this underreporting will occur for specific conditions, the impact on broad indicators of impairment and disability are less likely to be affected
  - However, a person with multiple conditions — some of which do not cause impairment — will still be identified so long as at least one of their conditions does cause impairment.

Undiagnosed conditions

A person may have a condition, but might not have been diagnosed as having it. This is likely to be another source of underreported conditions in the SDAC.

Such a person either has not sought medical treatment in relation to the condition or the condition was not diagnosed when they did sought medical treatment.

It is likely that over the three SDAC periods examined in this inquiry, the inaccuracies caused by undiagnosed conditions have declined because:

- community awareness of many conditions has been increasing, encouraging people to seek formal medical testing and treatment
- data on the average number of Medicare services provided each year indicates that the services per person have been increasing for every age group between 2003-04 and 2008-09 but in particular for those aged between 75 and 84 years (table H.1)
- improvements in medical procedures, notably clinical tests and screens, should result in fewer instances of people who have a condition not being correctly diagnosed (for example, see Kemp et al. 2002, Gillespie et al. 2010).

Table H.1 **Average number of Medicare services per person per year**

By age group and gender

		2003-04	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*
0-14	Males	5.3	5.4	5.5	5.5	6.0	6.3
	Females	5.1	5.2	5.3	5.3	5.7	6.0
15-44	Males	5.6	5.7	5.8	5.9	6.1	6.3
	Females	11.3	11.5	11.9	12.1	13.0	13.2
45-64	Males	12.1	12.5	12.8	13.2	13.8	14.2
	Females	15.9	16.1	16.4	16.8	17.7	18.3
65-74	Males	24.1	25.1	25.7	26.0	27.4	28.2
	Females	24.1	25.0	25.5	26.0	27.3	28.1
75-84	Males	24.3	26.8	29.1	31.3	34.4	37.0
	Females	26.6	28.0	29.2	30.2	32.3	33.9
85+	Males	23.2	22.7	23.1	23.1	23.6	23.6
	Females	26.9	27.1	27.8	28.1	29.1	29.5

Data sources: Medicare and Health Insurance Commission annual reports and ABS Cat. no. 3201.0

Misdiagnosed conditions

Despite improvements in medical tests and screens, there is an ongoing risk of a medical professional misdiagnosing a condition. This could result in false positive responses (where a person is diagnosed as having a condition he or she does not have) or false negatives (where a person is not diagnosed as having a condition that he or she does have), both of which will reduce the accuracy of SDAC data.

That said, such errors are more likely to occur in relation to a specific condition rather than whether an individual has any impairing condition. For example, a person may have sought medical treatment because of an impairment to their elbow. Even if the nature of the impairment has been misdiagnosed by a medical professional (resulting in a likely inaccurate reporting of the condition), the person is still likely to indicate that they he or she has an impairing condition.

Deliberately misreported conditions

Some respondents may elect not to report certain conditions because of a stigma or prejudice associated with the condition. As a result, these conditions are likely to be underreported in the SDAC. Others may report having a condition which they do not have and have not been diagnosed with.

The stigma associated with many conditions has been falling in recent years. Dementia and HIV/AIDS provide two examples where public awareness and understanding about the condition has increased and the people affected may be more willing to disclose their condition.

Respondents to the survey might also elect not to report conditions if they are discouraged by the amount of time required to complete the associated questions. However, the structure of the SDAC questionnaire appears to be very similar over the last three surveys, and it is not apparent that respondents would have to answer more questions in the 2009 SDAC compared to the 2003 SDAC if they reported the same conditions. While there is no reason to believe that respondents have any greater incentive to correctly identify all their conditions, there is equally no reason to suggest that people have an incentive to identify fewer of their conditions in more recent surveys.

Accidently unreported conditions

It is possible that some SDAC respondents may have accidently not reported a condition they have. This could occur for a number of reasons, such as misinterpretation of the relevant questions or a respondent not remembering that they had been diagnosed with a certain condition. There are some conditions where people are more likely to have difficulty remembering that they have been diagnosed with a condition or accurately interpreting a question — for example, people with dementia or other brain damage.

The likelihood is low that a person who is unable to remember being diagnosed with one of these conditions would be a respondent to the SDAC (as opposed to a carer completing the survey). Not everyone with these conditions would have difficulty remembering key information, and for those that do, a number may either live in cared accommodation or with a carer.

Difficulties with interpreting questions can also be related to factors unrelated to any specific condition people have. For example, some survey respondents from an Indigenous or non-English speaking background might have difficulty interpreting and accurately answering questions — although survey participants were able to answer the questions in languages other than English — potentially mitigating this effect.

Summing up

There are a wide range of factors that may influence the reliability of the SDAC results. When all these factors are taken together, the expectation is the SDAC would be more reliable for identifying the number of people with care needs rather than the prevalence of specific conditions (table H.2).

This inquiry explores the present and future care needs of older Australians. The fact that some conditions are underreported does not reduce the value of the SDAC as a basis for projecting care needs into the future.

Table H.2 **Factors affecting the reliability of SDAC**

A small downward arrow indicates small scope for understatement, a large downward arrow indicates large scope for understatement and ? indicates an unclear impact

Variable	*Any condition or care need*	*Specific condition*
Survey methodology	↓	⬇
Undiagnosed conditions	↓	⬇
Misdiagnosed conditions	?	?
Deliberately misreported conditions	↓	↓
Accidently unreported conditions	↓	↓

The second way that SDAC can be valuable is by highlighting trends. The improvements to the SDAC and the methodology used to derive estimates have improved the reliability of the data. These improvements should increase the chances that the recent estimates more accurately represent the general population (table H.3)

Table H.3 **Changes in reliability of SDAC over time – Reliability of trends**

Upward arrow indicates improving reliability

Variable	*Any condition or care need*	*Specific condition*
Survey methodology	No change	No change
Undiagnosed conditions	⬆	⬆
Misdiagnosed conditions	⬆	⬆
Deliberately misreported conditions	No change	No change
Accidently unreported conditions	No change	No change

This implies that if the underlying age–specific prevalence rates have not changed over the last three surveys, all surveys should still result in underestimated prevalence rates. However estimates from each survey should be moving towards the actual underlying rate, and such a move would affect the trend analysis.

Dementia including Alzheimer’s disease — an unexpected outcome

While dementia and related diseases are not a natural part of ageing, the probability of having dementia dramatically increases with age (AIHW 2007c). Jorm et al. (2005) argue that the number of cases of dementia in a population is largely determined by its age structure, and as a population ages, the number of people with dementia will increase disproportionately.

Based on this information, given Australia’s ageing population and the expectation that each subsequent SDAC should be less likely to understate the prevalence of these conditions, it was expected that the number of people with dementia would rise and that the age–specific prevalence rates would be stable or increase.

While the SDAC shows that there has been some growth in the number of people reported as having dementia (table H.4), the age–specific rates for people reported as suffering from dementia have fallen (table H.5). Chapter 3 notes the different implications for the future demand for aged care services for differing trends in dementia. The significant differences between the trends in SDAC prevalence rates compared to the other estimates of the prevalence rate of dementia that have been used to project future demand for aged care services underlines the need for further research in this area and in the area of misdiagnosis by the medical profession.

Table H.4 **Number of people aged 70 years and over with dementia including Alzheimer’s disease**

Including 95 per cent confidence intervals

Survey years	*Estimate*	*95% Lower*	*95% Upper*
1998	89 164	78 049	100 279
2003	96 174	81 377	110 972
2009	100 446	90 390	110 503

Data sources: 1998, 2003 and 2009 ABS Survey of Disability, Ageing and Carers CURF files.

Table H.5 **Age–specific prevalence of dementia including Alzheimer’s disease**

Per cent of age–specific population

Age group	*1998*	*2003*	*2009*
70-74	1.7	1.1	1.2
75-79	3.2	3.0	2.6
80-84	6.8	6.5	6.0
85+	22	18	14

Data sources: 1998, 2003 and 2009 ABS Survey of Disability, Ageing and Carers CURF files

H.3 Selected findings from the SDAC

This section provides an overview of some of the key findings from the SDAC. The appendix provides greater detail of the SDAC statistics, but the main discussion of the relevance of these results to the inquiry is covered in chapters 2, 3, 11 and 13. The key findings focus on:

- disability and disease levels among Australians
- carers
- unmet need.

Disability and disease levels among older Australians

The Commission has examined the three most recent SDACs to ascertain the extent of any change in age–specific disability rates in Australia. While there have been variations in the age–specific disability rates between the surveys, very little of the change has been statistically significant[3] and there are no clear trends (figure H.1).

Along with overall disability rates, the Commission also examined specific conditions affecting older Australians. Sustained reductions in the prevalence of certain conditions among older Australians might suggest a reduction in their care needs. Tables H.6 and H.7 provide an indication of age–based disease prevalence over the three SDAC periods, both in terms of quantum and as a percentage of the relevant population.

Dementia is condition that is likely to have a pronounced effect on both the cost of Australia’s aged care system and the nature of the services that need to be provided. The reported prevalence of dementia in the SDAC appears to be falling across all age groups. The prevalence of eye and adnexa diseases also appear to be consistently falling in the three SDAC periods examined, while in contrast, the prevalence of diabetes and circulatory diseases in older Australians seems to be growing. Most other diseases show no apparent trend.

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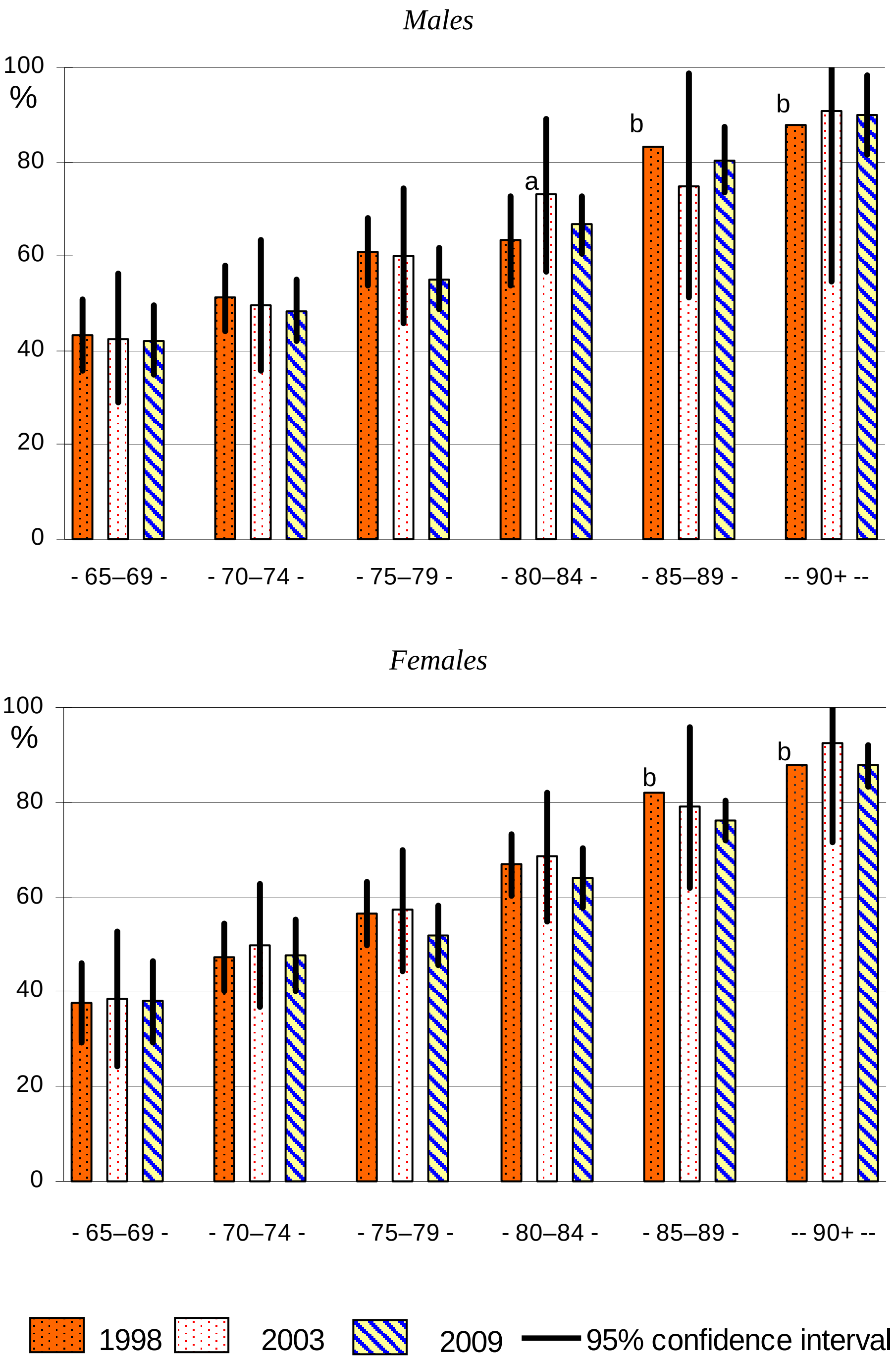
[3] To be statistically significant, the new estimate needs to be outside of the 95% confidence interval, indicated by the vertical black lines in figure H.1. The 95% confidence interval ranges from the estimated disability rate, plus and minus two standard errors. Because the upper end of some of these ranges exceeds 100% of the population, some of the ranges do not appear symmetrical.

Figure H.1 **Age and sex specific disability rates**

Disability rates by age and sex groups for 1998, 2003 and 2009



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[a] Statistically significant change from preceding survey. For men aged 80 to 84 years of age, the estimated higher disability rate for 2003 is statistically significantly different from the 1998. When the age–specific estimates for people are compared (that is, men and women combined) there are also significant declines in disability rates for the 75–79 and 80–84 year old groups between the 2003 and 2009 surveys. [b] The 1998 survey published results for the age group 85+, but the 2003 survey did quote results from 1998 for the 85–89 and 90+ age groups, but did not include information on the confidence intervals for that year.

Data sources: ABS Cat. no. 4430.0, Disability, Ageing and Carers, Australia, Summary of Findings, 1998, 2003 and 2009.

Table H.6 **Reported prevalence of condition**

Number of cases in people aged 70 or over[a]

Selected Conditions	*1998*	*2003*	*2009*
Certain infectious or parasitic diseases	17 548	17 174	11 568
Neoplasms (tumours and cancers)	75 903	74 240	94 794
Diseases of the blood and blood forming organs and certain disorders involving the immune system	15 684	23 314	24 528
Diabetes	144 341	229 918	306 427
Other endocrine, nutritional and metabolic disorders	118 628	260 398	472 816
Dementia including Alzheimer's disease	94 144	96 174	100 446
Disorders affecting mental capacity (including cerebral palsy)	11 270	24 672	22 094
Other mental and behavioural disorders	174 951	205 093	249 188
Multiple scleroisis	1 332	272	1 916
Parkinson's disease	23 857	23 203	27 884
Other diseases of the nervous system	62 187	104 570	112 119
Diseases of the eye and adnexa	175 625	161 469	162 721
Diseases of the ear and mastoid process	534 864	595 205	686 212
Diseases of the circulatory system (including stroke)	813 891	1 001 041	1 230 066
Diseases of the respiratory system	173 514	236 687	255 617
Diseases of the digestive system	122 430	131 903	141 345
Diseases of the skin and subcutaneous tissue	23 881	25 031	19 309
Diseases of the musculoskeletal system and connective tissue	752 835	924 646	1 068 633
Diseases of the genitourinary system	41 785	54 609	72 757
Certain conditions relating to the perinatal period	11 247	4 610	10 546
Symptoms, signs and abnormal clinical and laboratory findings not otherwise specified	123 730	147 953	146 769
Injury, poisoning and certain other consequences of external causes	150 409	234 613	250 290
Other long term conditions	86 443	128 974	108 776
Estimated population aged 70 or over	1 606 731	1 814 461	2 048 714

[a] Due to the small number of observations, some estimates should be treated with caution.

Data sources: 1998, 2003 & 2009 ABS Survey of Disability, Ageing and Carers CURF files and ABS 3201.0.

Table H.7 **Age–specific prevalence of conditions**

Per cent of population by age group and year reporting condition[a]

Selected conditions	*70-74*			*75-79*			*80-84*			*85+*		
	1998	*2003*	*2009*	*1998*	*2003*	*2009*	*1998*	*2003*	*2009*	*1998*	*2003*	*2009*
Certain infectious or parasitic diseases	0.7	0.9	0.5	1.9	0.9	0.4	0.9	1.3	0.7	0.6	0.6	0.8
Neoplasms (tumours and cancers)	4.1	3.6	4.3	5.2	3.6	5.1	4.1	4.6	5.1	6.3	5.4	4.0
Diseases of the blood and blood forming organs and certain disorders involving the immune system	0.7	0.9	0.9	1.1	1.0	0.9	1.1	1.5	1.4	1.2	2.3	2.0
Diabetes	7.7	15	16	9.6	12	16	11	13	16	9.5	8.1	12
Other endocrine, nutritional and metabolic disorders	8.6	16	22	8.6	16	22	5.5	13	22	4.2	9.1	19
Dementia including Alzheimer’s disease	1.7	1.1	1.2	3.2	3.0	2.6	6.8	6.5	6.0	22	18	14
Disorders affecting mental capacity (including cerebral palsy)	0.4	0.7	0.9	0.4	1.4	1.0	0.6	1.8	1.2	2.2	2.2	1.5
Other mental and behavioural disorders	8.6	8.1	11	11	10	11	12	13	12	17	19	17
Multiple sclerosis	0.1	-	0.2	-	-	-	0.2	-	-	-	-	-
Parkinson’s disease	0.8	1.1	0.9	1.3	1.2	1.4	2.1	1.3	2.0	3.2	1.9	1.3
Other diseases of the nervous system	6.9	5.0	4.6	5.7	4.5	4.9	10	7.1	7.3	13	8.1	5.9

(continued on next page)

Table H.7 **Age–specific prevalence of conditions (continued)**

Per cent of population by age group and year of reporting condition[a]

Selected conditions	*70-74*			*75-79*			*80-84*			*85+*		
	1998	2003	2009	1998	2003	2009	1998	2003	2009	1998	2003	2009
Diseases of the eye and adnexa	5.7	5.3	3.9	10	6.0	5.5	13	12	10	24	19	17
Diseases of the ear and mastoid process	27	22	25	32	28	28	35	42	39	51	54	52
Diseases of the circulatory system (including stroke)	47	49	56	51	54	59	53	63	65	58	63	64
Diseases of the respiratory system	12	13	13	11	12	12	8.6	17	12	9.7	10	13
Diseases of the digestive system	6.4	5.9	6.9	9.6	6.1	6.1	5.3	9.1	6.7	10	10	8.5
Diseases of the skin and subcutaneous tissue	1.1	1.2	0.5	1.4	1.1	0.8	1.8	1.7	1.3	2.2	1.9	1.5
Diseases of the musculoskeletal system and connective tissue	45	48	48	47	48	49	47	57	56	52	54	61
Diseases of the genitourinary system	2.3	2.2	2.1	2.8	2.0	3.2	2.6	4.7	4.2	2.8	4.5	6.1
Certain conditions relating to the perinatal period	0.5	0.2	0.4	0.8	0.5	0.5	0.8	0.1	0.5	0.8	0.1	0.7
Symptoms, signs and abnormal clinical and laboratory findings not otherwise specified	4.8	4.4	4.7	7.9	5.2	5.8	8.9	11	9.1	14	18	11

[a] Due to the small number of observations, some estimates should be treated with caution.

Data sources: 1998, 2003 & 2009 ABS Survey of Disability, Ageing and Carers CURF files and ABS 3201.0.

Carers

The SDAC is also a useful source of information on the characteristics of those who care for older Australians. Tables H.8 and H.9 shows the age of primary carers and the age of the people they care for from the 2009 SDAC. Older Australians both care for — and are cared for by — individuals across a wide range of ages.

Table H.10 shows the relationship of carers to the people they care for by the age of the care recipient and table H.11 by the age of the main care giver. As expected, of those receiving care the majority get it from their immediate family members — either a spouse or partner or son or daughter. While some older Australians are cared for by their parents, the estimated number of such care recipients aged 80 years or over in the SDAC is based on a handful of survey respondents and could be statistically unreliable.

Many older Australians care for individuals with profound or severe core activity restrictions, indicating the amount and range of care they require is likely to be high (table H.12).

Table H.8

Age of carer and caree

Only primary carers who live in the same household as the person they care for — 2009[a]

	Age of primary carer													
Age of caree	*Under 30*	*30-34 years*	*35-39 years*	*40-44 years*	*45-49 years*	*50-54 years*	*55-59 years*	*60-64 years*	*65-69 years*	*70-74 years*	*75-79 years*	*80-84 years*	*85+ years*	Total
0-14 years	12 257	17 460	27 328	21 533	10 588	3 519	861	833	-	-	359	-	-	94 737
15-19 years	958	1 496	3 473	5 173	9 381	3 379	2 574	-	428	-	-	-	-	26 862
20-24 years	1 029	137	100	1 945	2 528	3 257	1 489	1 192	-	-	-	-	-	11 677
25-29 years	4 158	2 022	-	771	534	2 087	4 066	470	586	64	-	-	-	14 757
30-34 years	-	4 104	1 686	941	199	1 135	2 127	1 144	679	-	-	-	-	12 016
35-39 years	780	2 274	7 768	2 332	534	445	1 199	2 690	1 595	1 315	1 065	480	-	22 477
40-44 years	2 289	240	3 966	4 248	5 055	928	659	-	1 619	612	-	107	-	19 722
45-49 years	6 636	-	1 762	6 146	7 245	5 623	1 533	1 118	738	986	203	461	-	32 452
50-54 years	3 193	-	-	1 345	6 854	9 151	9 288	2 415	1 199	252	895	-	-	34 593
55-59 years	3 079	1 591	1 148	1 509	3 391	6 095	13 334	9 744	978	1 441	548	468	-	43 328
60-64 years	2 711	-	3 168	91	563	3 581	10 258	22 818	7 170	2 853	704	253	406	54 578
65-69 years	-	1 088	2 207	1 791	1 836	1 330	4 113	11 406	11 440	9 023	2 389	-	-	46 623
70-74 years	577	-	1 455	3 338	3 131	1 395	1 318	5 866	12 902	15 863	7 110	856	354	54 163
75-80 years	-	-	1 915	2 283	3 269	2 764	1 564	2 475	6 441	9 306	9 928	5 607	1 164	46 719
80-84 years	379	-	-	1 075	2 474	8 634	2 530	2 269	859	5 171	6 760	12 169	3 638	45 958
85+ years	659	-	1 230	1 057	1 866	4 066	4 628	8 619	6 154	3 813	3 928	5 647	7 160	48 825
Total	38 704	30 413	57 206	55 577	59 446	57 388	61 541	73 062	52 789	50 700	33 889	26 047	12 722	609 486

[a] Due to the small number of observations, some estimates should be treated with caution.

Data source: 2009 ABS Survey of Disability, Ageing and Carers CURF file.

Table H.9 **Age of carer and caree**

Only entries where primary carer and caree do not live together — 2009 [a]

	Age of primary carer													
Age of caree	*Under 30*	*30-34 years*	*35-39 years*	*40-44 years*	*45-49 years*	*50-54 years*	*55-59 years*	*60-64 years*	*65-69 years*	*70-74 years*	*75-79 years*	*80-84 years*	*85+ years*	Total
Under 65 years	4 434	2 005	1 668	1 650	3 476	3 415	3 097	1 026	2 671	2 504	592	358	-	26 895
65–74 years	437	434	1 824	5 872	3 114	1 995	380	1 396	450	426	-	-	-	16 327
75–84 years	1 252	1 327	1 673	4 275	12 679	14 009	10 114	2 181	1 222	774	-	-	-	49 505
85+ years	651	720	991	1 072	2 772	5 835	12 217	10 688	6 060	2 159	352	473	139	44 129
Total	6 775	4 484	6 155	12 869	22 042	25 254	25 808	15 291	10 403	5 864	944	830	139	136 858

[a] Due to the small number of observations, some estimates should be treated with caution.

Data source: 2009 ABS Survey of Disability, Ageing and Carers CURF file.

Table H.10 Relationship of primary carer to caree

Only primary carers who live in the same household as the person they care for — 2009[a]

	Age of main recipient of care													
Relationship of primary carer to main care recipient	*Under 30*	*30–34 years*	*35–39 years*	*40–44 years*	*45–49 years*	*50–54 years*	*55–59 years*	*60–64 years*	*65–69 years*	*70–74 years*	*75–79 years*	*80–84 years*	*85+ years*	*Total*
Spouse or partner	7 637	5 879	12 977	14 545	21 545	28 197	34 888	44 193	39 804	43 498	35 541	30 310	17 470	336 484
Son or daughter	4 058	594	898	1 783	6 118	3 116	4 740	6 414	5 850	7 036	8 346	12 716	24 059	85 728
Father or mother	126 100	4 491	7 363	2 260	1 943	1 584	1 017	1 684	-	354	725	361	612	148 494
Other relative, friend or neighbour	10 238	1 051	1 240	1 135	2 845	1 696	2 683	2 286	969	3 276	2 107	2 572	6 683	38 781
Total	148 033	12 016	22 477	19 722	32 452	34 593	43 328	54 578	46 623	54 163	46 719	45 958	48 825	609 487

[a] Due to the small number of observations, some estimates should be treated with caution.

Data source: ABS Survey of Disability, Ageing and Carers 2009, CURF.

Table H.11 Relationship of primary carer to caree

All primary carers caring for people living in private dwellings — 2009 [a]

	Age of primary carer													
The carer is the caree's	*Under 30*	*30-34 years*	*35-39 years*	*40-44 years*	*45-49 years*	*50-54 years*	*55-59 years*	*60-64 years*	*65-69 years*	*70-74 years*	*75-79 years*	*80-84 years*	*85+ years*	*Total*
Father or mother	12 808	18 060	29 669	28 512	24 344	16 526	14 714	6 431	5 474	4 892	3 095	2 127	760	167 412
Spouse/partner	6 969	6 362	15 922	15 238	25 744	25 806	37 929	54 405	41 023	43 708	29 423	23 875	11 962	338 365
Son or daughter	18 006	4 778	12 437	17 517	23 706	29 641	24 105	19 754	12 376	4 433	-	-	-	166 754
Other relative, friend or neighbour	7 696	5 697	5 334	7 180	7 694	10 669	10 601	7 763	4 318	3 531	2 316	876	139	73 813
Total	45 479	34 897	63 362	68 447	81 488	82 642	87 349	88 353	63 192	56 564	34 834	26 878	12 861	746 344

[a] Due to the small number of observations, some estimates should be treated with caution.

Data source: ABS Survey of Disability, Ageing and Carers 2009, CURF.

Table H.12 Age of carer by disability status of caree

Only primary carers who live in the same household as the person they care for — 2009[a]

	Age of primary carer													
Disability status of caree	*Under 30*	*30-34 years*	*35-39 years*	*40-44 years*	*45-49 years*	*50-54 years*	*55-59 years*	*60-64 years*	*65-69 years*	*70-74 years*	*75-79 years*	*80-84 years*	*85+ years*	*Total*
Has disability and profoundly restricted in core activities	15 299	16 132	29 163	31 787	30 171	28 643	30 678	33 021	28 282	29 028	17 332	15 445	7 673	312 653
Has disability and severely restricted in core activities	19 946	12 902	25 664	22 555	25 901	24 376	28 975	36 969	22 389	18 334	14 460	9 049	4 860	266 381
Has disability and moderately restricted in core activities	-	281	968	-	1 094	997	357	1 135	690	1 567	585	955	189	8 818
Other	3 459	1 098	1 412	1 234	2 281	3 371	1 531	1 937	1 428	1 772	1 513	599	-	21 634
Total[b]	38 704	30 413	57 206	55 577	59 446	57 388	61 541	73 062	52 789	50 700	33 889	26 047	12 722	609 486

[a] Due to the small number of observations, some estimates should be treated with caution. [b] Totals may not necessarily equal the sum of each column due to rounding.

Data source: 2009 ABS Survey of Disability, Ageing and Carers CURF file.

Unmet need for care

The SDAC asks respondents who have a disability or who are 60 years or over the extent to which they think their care needs are being met. The SDAC breaks needs into those related to people's 'core' and 'non–core' restrictions (box H.2).

Box H.2 **Core and non–core restrictions**

The SDAC separates an individual's need for care into 'core' and 'non–core' needs.

Core restrictions are defined as being related to communication, mobility and self care. They include, but are not limited to, restrictions in understanding and being understood by both strangers and family and friends, using public transport, moving around home, showering, eating, dressing and toileting.

Non–core restrictions affect an individual's ability to participate in school or work. Examples of non–core restrictions include, but are not limited to, being permanently unable to find work, restrictions on the amount of work an individual can do or restrictions that require special equipment or a modified work environment.

Source: ABS (2009a).

Questions in the 2003 and 2009 SDACs were used to ascertain the proportion of people who were satisfied with the current level of care they were receiving, as well as to examine whether certain groups in the community had a greater level of unmet need relative to others.

Tables H.13 and H.14 show the percentage of respondents by age who had a care need that stated that their need was not being fully met. Generally speaking, people thought their core needs were being better met than their non–core needs and the proportion of respondents who thought their needs were not being met at all was low. In many cases, older Australians were either equally or more likely than younger Australians to indicate that their care needs were being fully met. That said, the number of older people with care needs who think that some of those care needs are unmet still warrants attention — nearly one in five Australians aged 85 years or over feel their core needs are not being fully met, while over one quarter feel that they have unmet needs relating to non–core activities.

For almost all age groups, the proportion of people reporting that their needs were not fully met fell between the 2003 and 2009 SDACs. For older Australians, the only reported increase was in the proportion of people aged 85 years or over whose core needs where not fully met. Even in this group, there was a decline in the proportion of people whose core needs where not met at all, but a large increase in those whose needs were only partially met. People aged 85 years or over are the most likely to be using aged care services (appendix E), and the most serious needs are related to peoples' needs for assistance with core functions.

Table H.13 **Unmet need by age — core care needs**

As a per cent of respondents who had a core care need

	Needs not met at all		*Needs partially met*	
Age group	2003	2009	2003	2009
0-39	4	3	25	30
40-44	4	2	20	11
45-49	10	6	14	15
50-54	10	3	9	12
55-59	10	1	9	9
60-64	9	3	9	11
65-69	6	2	10	7
70-74	8	3	15	11
75-79	12	2	18	13
80-84	7	2	12	12
85+	4	2	13	16

Data sources: 2003 and 2009 ABS Survey of Disability, Ageing and Carers CURF file.

Table H.14 **Unmet need by age — non–core care needs**

As a per cent of respondents who had a non–core care need

	Needs not met at all		*Needs partially met*	
Age group	2003	2009	2003	2009
0-39	4	3	38	38
40-44	4	3	38	33
45-49	4	3	38	37
50-54	5	2	33	37
55-59	5	3	27	32
60-64	9	3	25	25
65-69	8	4	25	27
70-74	5	4	27	26
75-79	5	3	29	24
80-84	5	2	28	25
85+	3	1	30	25

Data sources: 2003 and 2009 ABS Survey of Disability, Ageing and Carers CURF file.

Tables H.15 and H.16 show the proportion of people who felt they have some unmet care need by gender and age in 2009. While, overall, the proportion of people who believed they had some unmet care need was relatively consistent across genders, the percentage of males under 65 who felt their core care needs were not being fully met was noticeably greater than females of the same age.

Table H.15 **Unmet need by age and gender — core care needs**

As a per cent of respondents who had a core care need — 2009

Age	*Gender*	*Needs not met at all*	*Needs being partially met*
Under 65	Male	2	24
	Female	4	16
65 years and over	Male	2	12
	Female	2	13

Data source: 2009 ABS Survey of Disability, Ageing and Carers CURF file.

Table H.16 **Unmet need by age and gender — non–core care needs**

As a per cent of respondents who had a non–core care need — 2009

Age	*Gender*	*Needs not met at all*	*Needs being partially met*
Under 65	Male	3	34
	Female	3	34
65 years and over	Male	3	25
	Female	3	26

Data source: 2009 ABS Survey of Disability, Ageing and Carers CURF file.

In tables H.17 and H.18, the unmet care need of people from different places of birth is displayed. For both core and non–core care needs, people aged 65 years or over were more likely to identify an unmet care need if they were born overseas rather than in Australia, with this being most pronounced for those of a non–English speaking background. The proportion of people who felt that their care needs (both core and non–core) were not being met at all remained low across all ages and places of birth.

Table H.17 Unmet care needs by place of birth and age — core care needs

As a per cent of respondents who had a core care need — 2009

Age	*Place of birth*	*Needs not met at all*	*Needs being partially met*
Under 65	Australia	3	21
	English speaking overseas county	1	20
	Non–English speaking overseas county	2	12
65 years and over	Australia	2	10
	English speaking overseas county	3	12
	Non–English speaking overseas county	1	17

[a] This column may not necessarily equal to sum of the preceding two columns due to rounding errors·

Data source: 2009 ABS Survey of Disability, Ageing and Carers CURF file.

Table H.18 Unmet care needs by place of birth and age — non–core care needs

As a per cent of respondents who had a non–core care need — 2009

Age	*Place of birth*	*Needs not met at all*	*Needs being partially met*
Under 65	Australia	3	35
	English speaking overseas county	2	29
	Non–English speaking overseas county	1	31
65 years and over	Australia	3	24
	English speaking overseas county	3	26
	Non–English speaking overseas county	3	30

[a] This column may not necessarily equal to sum of the preceding two columns due to rounding errors.

Data source: 2009 ABS Survey of Disability, Ageing and Carers CURF file.