AGEING IN THE 21ST CENTURY – ARE BABY BOOMERS PREPARED?

A study of preparation for later life
in a context of social change.

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ABSTRACT

Structural ageing and social change mean that the socio-economic and cultural context for ageing in the 21st century differs from that experienced by previous generations. Contemporary models of positive ageing have challenged constructions of aging as decline and disengagement and resulted in higher expectations for retirement. However, these new notions of ageing may yet be eroded by the economic and social uncertainties associated with modern life; the reformation of the social contract; and dubious assumptions about the prevalence of healthy lifestyles. As population ageing gathers momentum, state supports are becoming more tightly targeted and risk is increasingly being devolved to the individual. This progressive contraction of the welfare state has occurred during a period in which employment has become more precarious, family structures more diverse and marriage less stable. These and other social transformations have significance for how both individuals and governments prepare for later life. Baby boomers, as the first generation to age in this fundamentally different environment, are likely to face challenges that were not present for previous generations and will present policy-makers with new dilemmas. Against this background, the thesis is a study of how the radical social changes of the last half century are likely to shape the way in which ageing is experienced by baby boomers and subsequent generations.

The thesis is underpinned by demographic (Riley et al 1999) and socio-cultural (Giddens 1990; 2002) theories of social change and is organised into two components. The first uses ABS Census data to explore differences between a pre-war cohort and a sub-cohort of baby boomers. The second component uses primary and secondary data from the North West Adelaide Health Cohort Study to analyse later life preparation in the baby boomer cohort. It uses an holistic conceptual framework that considers the interplay between: public protection, self-insurance, and self-protection.

From a theoretical and practical perspective the research identifies the need for policy-makers to be cognisant of how social change will impact on the resources baby boomers bring to old age and on how they negotiate the later life transition. It identifies variations in both the financial and non-financial resources available to different subgroups and in the factors that constrain their capacity to build and maintain the resources that will
support them in later life. Evidence from this study shows that low income earners, singles, and those with poor mental health are more likely to have fewer resources than the rest of the population and to be at greater risk of poor outcomes. This is also the case for females who are more likely to enter later life with multiple chronic conditions and fewer financial resources than men. There is, therefore, a need to develop appropriately targeted policies to ensure that the needs of the most vulnerable are adequately met.
DECLARATION

This thesis is my original work as a PhD scholar in the Department of Geographical & Environmental Studies at the University of Adelaide.

The work contains no material that has been accepted for the award of any other degree or diploma in any university or other tertiary institution, and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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Jennifer Buckley
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## ABBREVIATIONS & ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A&amp;S</td>
<td>Ageing and Society</td>
</tr>
<tr>
<td>ABC</td>
<td>Australian Broadcasting Commission</td>
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<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACER</td>
<td>Australian Council of Educational Reform</td>
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<td>ACOSS</td>
<td>Australian Council of Social Services</td>
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<td>ACSA</td>
<td>Aged and Community Services Australia</td>
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<tr>
<td>AHURI</td>
<td>Australian Housing and Urban Research Institute</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>AIFS</td>
<td>Australian Institute of Family Studies</td>
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<tr>
<td>ARC</td>
<td>Australian Research Council</td>
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<tr>
<td>ASRAM</td>
<td>Australian Survey of Retirement Attitudes and Motivations</td>
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<tr>
<td>AWOTE</td>
<td>Average Weekly Ordinary Time Earnings</td>
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<tr>
<td>CARES</td>
<td>Center for Aging Research and Educational Services</td>
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<tr>
<td>CATI</td>
<td>Computer Assisted Telephone Interview</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disorder</td>
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<td>COTA</td>
<td>Council on the Ageing</td>
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<tr>
<td>CPI</td>
<td>Consumer Price Index</td>
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<td>CRA</td>
<td>Commonwealth Rental Assistance</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>CSF</td>
<td>Census Sample File</td>
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<tr>
<td>CSHA</td>
<td>Commonwealth State Housing Agreement</td>
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<tr>
<td>DOHA</td>
<td>Department of Health and Ageing</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>GFC</td>
<td>Global Financial Crisis</td>
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<tr>
<td>HACC</td>
<td>Home and Community Care</td>
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<tr>
<td>HAF</td>
<td>Housing Affordability Fund</td>
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<tr>
<td>HSF</td>
<td>Household Sample File</td>
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<tr>
<td>IGA</td>
<td>Inter-governmental Agreement</td>
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<tr>
<td>ILU</td>
<td>Independent Living Unit</td>
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<tr>
<td>MTAWE</td>
<td>Male Total Average Weekly Earnings</td>
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<tr>
<td>NAHA</td>
<td>National Affordability Housing Agreement</td>
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<tr>
<td>NATSEM</td>
<td>National Centre for Social and Economic Modelling</td>
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<td>NCLS</td>
<td>National Church Life Survey</td>
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<td>NEF</td>
<td>New Education Fellowship</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<td>NHS</td>
<td>National Health Survey</td>
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<td>NPA</td>
<td>National Partnership Agreement</td>
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<td>NRAS</td>
<td>National Rental Affordability Scheme</td>
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<td>NSW</td>
<td>New South Wales</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>NWAHS</td>
<td>North West Adelaide Health Study</td>
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<td>NZ</td>
<td>New Zealand</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<tr>
<td>PBLC</td>
<td>Pensioner and Beneficiary Living Cost Index</td>
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<td>PBS</td>
<td>Pharmaceutical Benefits Scheme</td>
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<tr>
<td>PHI</td>
<td>Private Health Insurance</td>
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<td>PRHP</td>
<td>Pensioner Rental Housing Programme</td>
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<td>PROS</td>
<td>Population Research and Outcomes Study</td>
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<td>RACHs</td>
<td>Residential Aged Care Homes</td>
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<tr>
<td>RBL</td>
<td>Reasonable Benefit Limit</td>
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<td>SAAP</td>
<td>Supported Assistance Accommodation Programme</td>
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<tr>
<td>SES</td>
<td>Socio-economic status</td>
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<tr>
<td>SG</td>
<td>Superannuation Guarantee</td>
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<td>SPP</td>
<td>Special Purpose Payment</td>
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<tr>
<td>SPRC</td>
<td>Social Policy and Research Centre</td>
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<tr>
<td>SRH</td>
<td>Self-rated health</td>
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<tr>
<td>TFR</td>
<td>Total fertility rate</td>
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<tr>
<td>TFU</td>
<td>Telephone Follow Up</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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</tbody>
</table>
US: United States

WHO: World Health Organization

YLD: Years lost due to disability

YLL: Years of life lost due to death