



**DEPARTMENT OF IMMIGRATION AND  
MULTICULTURAL AND INDIGENOUS AFFAIRS**

**SUBMISSION TO THE HOUSE OF REPRESENTATIVES  
STANDING COMMITTEE ON AGEING**

**INQUIRY INTO LONG-TERM STRATEGIES  
TO ADDRESS THE AGEING OF THE AUSTRALIAN  
POPULATION OVER THE NEXT 40 YEARS**

JANUARY 2003

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## EXECUTIVE SUMMARY

Australia's future population growth and age structure depends on future levels of fertility, mortality and net overseas migration (NOM) (that is, permanent and long-term temporary arrivals minus permanent and long-term temporary departures and an adjustment for "category jumping").

On the basis of plausible assumptions for fertility, mortality and NOM, Australia's population is projected to reach between 25 and 27 million by mid century, stabilising in size and age structure from then to 2100. Australia's population is also projected to age significantly with the proportion of the population aged 65 years and over expected to double over the next 50 years (ie from around 12 per cent of the population currently to around 25 percent by mid-century).

This is assuming that: fertility continues to fall, as it has been in most other developed countries; mortality continues to fall, given medical and technological advances and healthier and more affluent lifestyles; and average annual NOM remains around current levels of 80,000 to 100,000 in the longer-term.

The key points that arise from projections of Australia's population are:

- the ageing of Australia's population as a whole and a gradual slowing in the growth rate of the number of persons of workforce age is inevitable, irrespective of any plausible levels of NOM or fertility
  - the demographic of the Indigenous community is significantly different from that of the wider population in that it is younger, has higher fertility and is growing. This has potentially significant implications for policy development as the focus moves increasingly towards meeting the needs of an ageing population;
  - the specific needs of ageing ethnic communities also need to be taken into account in aged care policy development, as they make up a significant proportion of the overall ageing population (although this may decrease slightly by mid-century);
  - it is also relevant that some regions of Australia (eg Tasmania) are ageing more quickly than others.
- a declining population growth rate and an ageing population is a characteristic common to all developed nations;
- while initial levels of immigration have a worthwhile impact on the age structure, further increases in immigration beyond current levels would have a diminishing impact; and
- the key driver of ageing is the fertility rate. For example, should a fall in fertility to 1.3 occur and happen quickly over 10 years, as has happened in some OECD countries, then the rate of ageing of Australia's population would increase. In this example, Australia could face a decline in the numbers of labour-force age from the 2030s or earlier and a decline in the population from the mid 2040s.

From a DIMIA perspective, also relevant to the terms of reference for this inquiry is one being undertaken by the Joint Standing Committee on Migration into Skilled Migration. A copy of DIMIA's submission to this inquiry is at <http://www.aph.gov.au/house/committee/mig/skillmig/Subs.htm>.

## **1. INTRODUCTION**

1.1 The core issues of interest to DIMIA in relation to this Inquiry are:

- i) the impact of changes in fertility and/or NOM on the age structure of Australia's population as a whole and the labour force;
- ii) the current and likely age structure of the Indigenous population relative to the population as a whole;
- iii) policy implications for ageing ethnic communities; and
- iv) differential levels of population growth and ageing in different parts of Australia.

## **2. IMPACT OF CHANGES IN FERTILITY AND/OR NET OVERSEAS MIGRATION ON POPULATION AGEING**

2.1 Australia's future population growth and age structure depends on future levels of fertility, mortality and NOM (that is, permanent and long-term temporary arrivals minus permanent and long-term temporary departures plus an adjustment for "category jumping").

2.2 This submission compares a plausible baseline scenario<sup>1</sup> population projection with various scenarios for the total fertility rate (TFR) and NOM to determine, over time, the impact on the age structure of the population.

2.3 The baseline scenario assumes that: fertility continues to fall, as it has been in most other developed countries, from its current level of 1.74 to 1.65 births per woman by 2010; mortality continues to fall, given medical and technological advances and healthier and more affluent lifestyles; and average annual NOM remains around current levels of 80,000 to 100,000 in the longer-term.

2.4 Under the baseline scenario, Australia's population is projected to reach between 25 and 27 million by mid century, stabilising in size and age structure from then to 2100. It is also projected to age significantly.

2.5 The baseline scenario is compared with the following scenarios:

- TFR of 1.65 by 2010 with 50,000 NOM and 150,000 NOM.
- TFR of 1.3 by 2021 with 50,000 NOM, 100,000 NOM and 150,000 NOM. These are included only as possible scenarios, given that the fertility rates of many developed countries are at or below 1.3 already (including Austria, Iceland, Italy, Spain and Sweden).
- TFR of 2.1 by 2021 with 50,000 NOM, 100,000 NOM and 150,000 NOM.

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<sup>1</sup> The baseline population scenario used in this submission uses the following assumptions:

- TFR of 1.65 children per woman. This level implies a continuation of the slow fall in fertility for another ten years from 1.74 currently to 1.65 by around 2010, remaining constant thereafter to 2100.
- Life expectancy is assumed to rise at the rate of about one year in every ten-year period from now to 2050. By 2050, expectation of life would be 83.3 years for men and 86.5 years for women. It is assumed to remain constant thereafter to 2100.
- NOM is assumed to be 100,000 per annum from now to 2100.

- 2.6 The same mortality assumption is used for all scenarios, although it is possible that mortality could fall further than has been assumed. A fall in mortality beyond what has been assumed would add people to the Australian population but they would almost all be aged 75 years and over. Policy implications arising from further falls in mortality would depend on whether there were corresponding improvements to morbidity rates (ie quality of health in later years of life).
- 2.7 The table at Appendix 1 summarises the different projection outcomes for the years 2000, 2050 and 2100.

## **Population age structure**

### *Baseline scenario*

- 2.8 Under the baseline scenario, Australia's population continues to age. By 2050, about 25 percent of the population (6.61m people) would be over 65 years of age compared to 12 percent (2.4m people) currently, and 15 percent (4.2m people) would be under 15 years of age compared to 21 percent (3.9m people) currently. Over the following 50 years to 2100, the proportion of the population over 65 years of age would slowly increase to about 27 percent (7.6m people) while the proportion under 15 years would slowly decline to about 14 percent (4.4m people).

### *Impact of Different Levels of NOM and TFR*

- 2.9 A consistent message from the outcomes of the different scenarios (illustrated in Figures 1 and 2) is that increases in fertility have more effect in retarding the ageing of the population than increases in NOM. For example, a 27 percent improvement in fertility reduces ageing by 2.3 percentage points in 2050 and 4.7 percentage points by 2100. In contrast, a 50 percent increase in NOM reduces ageing by 1.4 percentage points in 2050 and 0.9 percentage points by 2100 (see notes (a) and (b) in Figure 1 below). However, even returning to a replacement level TFR of 2.1, which most demographers consider unlikely, will not prevent the proportion of Australia's population that is over 65+ years roughly doubling in size over the next 50 years.
- 2.10 Irrespective of any feasible level of NOM, the percentage of the population aged 65 years and over would continue to rise over the next 50 years peaking higher and later the lower the TFR and then stabilising. Figure 2 shows that the size of the aged population in absolute numbers would continue to increase given any feasible level of NOM, increasing faster the higher the level of NOM. In summary, the proportion of the population aged 65+ is higher the lower the TFR, while the absolute number is higher the higher the level of NOM.
- 2.11 All of the scenarios assume that the age structure of migrants remains younger than the population on average – as is the case under Australia's current Migration Program. Research<sup>2</sup> shows that annual NOM of up to 80,000 to 100,000 makes a worthwhile and efficient contribution to the retardation of population ageing. Levels of NOM above this become increasingly less effective in the retardation of ageing. It is worth noting that large increases in migration would also reduce the "younging" effect of migration if the current

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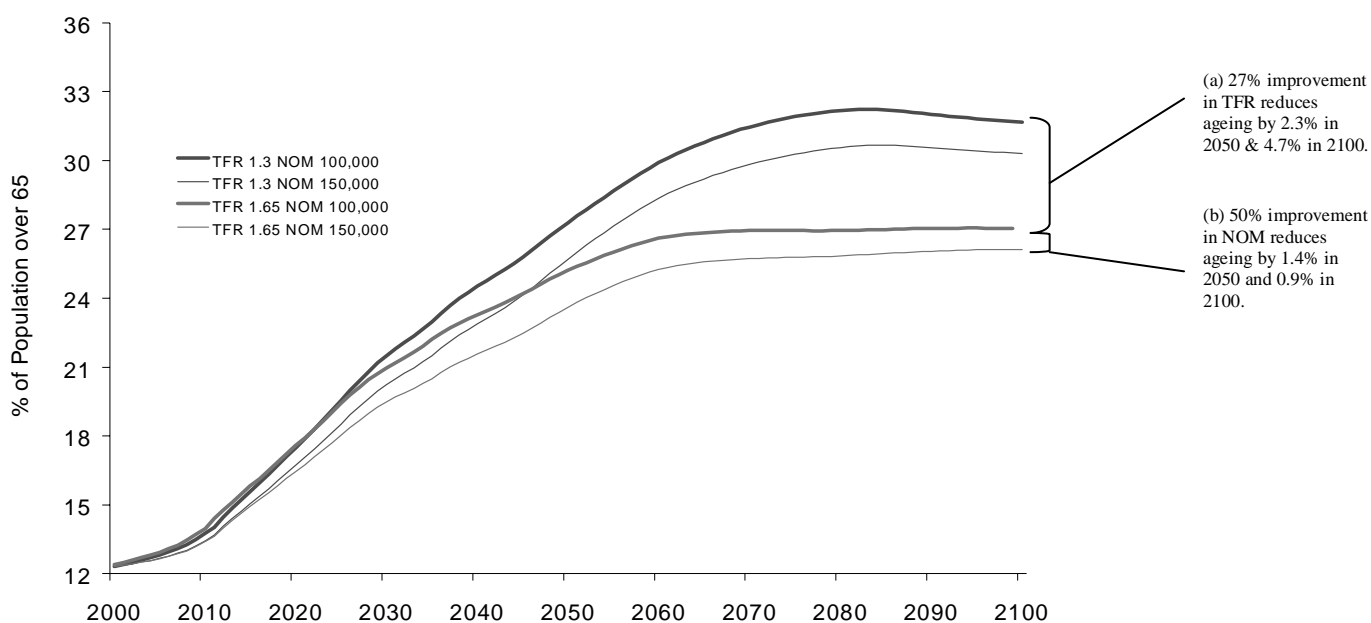
<sup>2</sup> *The Impact of Immigration on the Ageing of Australia's Population*, Discussion Paper, Peter McDonald and Rebecca Kippen, May 1999

age limit on skilled migrants had to be raised to achieve the increase sought, particularly as global competition intensifies for young skilled migrants.

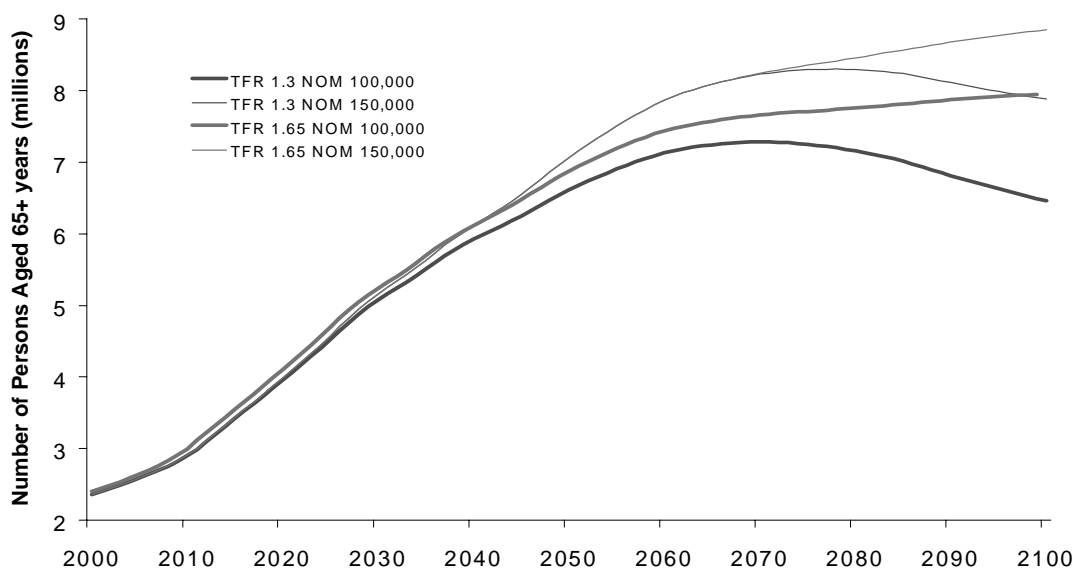
2.12 To increase the impact of NOM on retardation of ageing, the average age of the migrant population would need to be lower.

2.13 While it is unlikely that Australia would return to replacement levels of fertility, with TFR of 2.1, the absolute number of people aged 65 years and over would increase with any feasible level of NOM. The proportion of the population in this age bracket would peak around 2050, then begin to fall gradually and become relatively stable from about 2070 to the end of the century.

**Figure 1: Percentage of Population over 65 years of age, 2000-2100**



**Figure 2: Size of Population over 65 years of age, 2000-2100**



## Potential workforce size and growth

2.14 The following projections show how the size of the potential workforce (ie the number of people of working age ie 15-64 years) will change given different fertility rates and levels of NOM. Actual workforce size will depend on what happens to labour force participation rates, particularly of women and older workers.

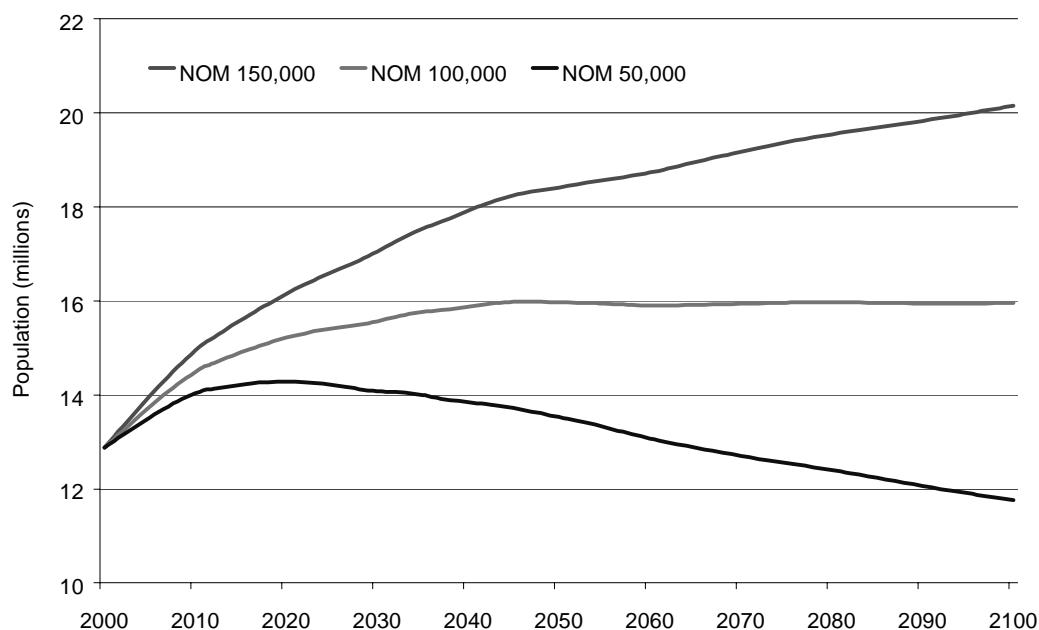
### *Baseline scenario*

2.15 Under the baseline scenario, the number of persons of workforce age would slowly rise from its current level of 12.9m (67% of the population), peaking at about 16m around 2046 (60% of the population) and then decline very slowly to around 15.9m (58% of the population) at the end of the century. The ratio of people of workforce age to population size remains fairly constant after 2050.

### *Impact of Different levels of NOM and TFR*

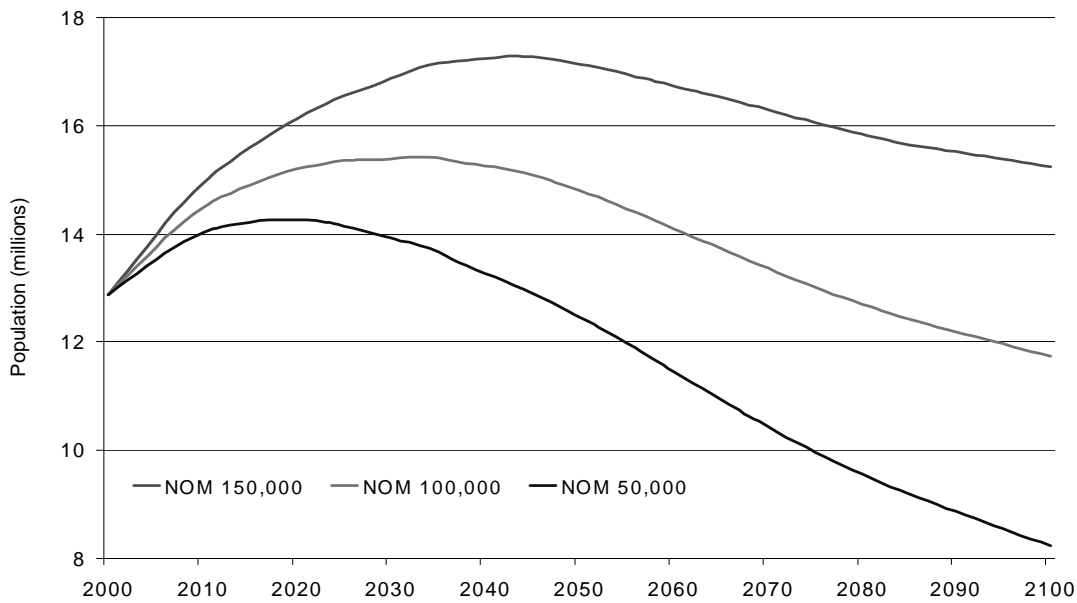
2.16 Figure 3 shows that, with TFR constant at 1.65 from 2010 and NOM below the baseline level of 100,000, the potential workforce grows for a while but then peaks and declines absolutely. Above the baseline level of NOM, the potential workforce continues to grow until 2100 although the rate of growth slows.

**Figure 3: Persons of Workforce Age Projection 2000-2100 if TFR is 1.65**



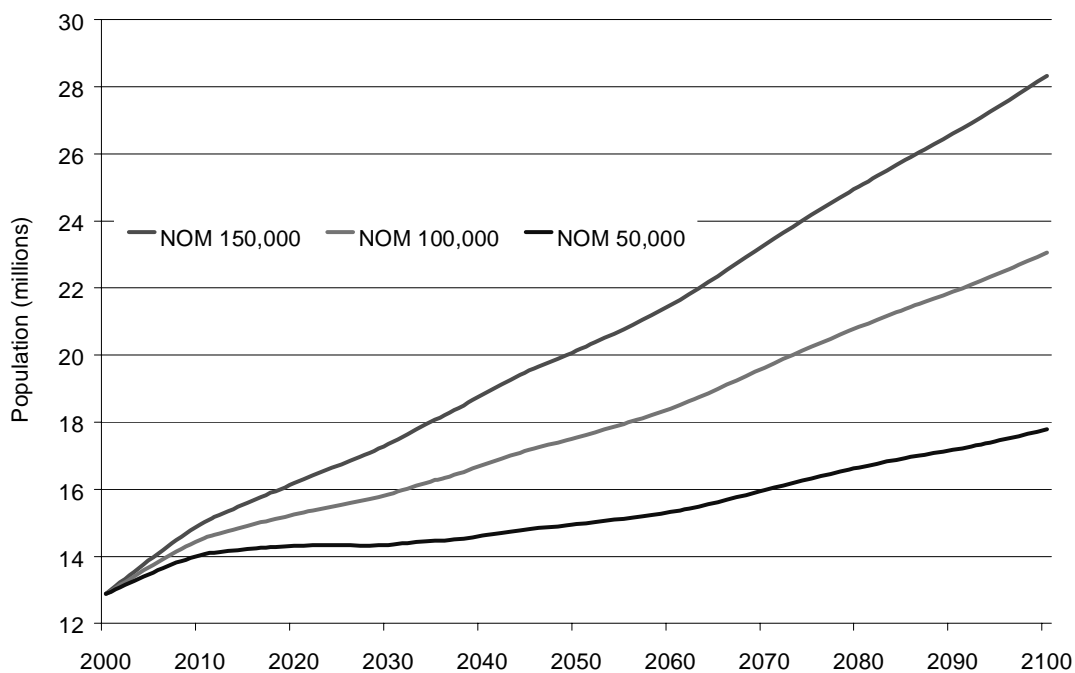
2.17 It is possible that fertility may fall faster and further than 1.65. For example, should a fall in fertility to 1.3 occur and happen quickly over 10 years, as has happened in some OECD countries, then the rate of ageing of Australia's population would increase. Figure 4 shows that the impact of the fertility rate falling to 1.3 by 2021 would be a rapidly declining potential workforce for all three NOM levels (starting about 2020 for 50,000 NOM and 2050 for 150,000 NOM).

**Figure 4: Persons of Workforce Age Projection 2000-2100 if TFR is 1.3**



2.18 Figure 5 shows that, if TFR reversed its current declining trend and, instead, increased to replacement level of around 2.1 births per woman by 2021, the size of the potential workforce would increase given any positive level of NOM. The growth rate would, however, increase with increased levels of NOM. All indications, however, are that our fertility rate will continue to fall as the currently large cohorts of women of reproductive age (the ‘baby boomers’) move out of child-bearing age and the numbers of women available to have children decrease. This trend is replicated in most developed countries around the world.

*Figure 5: Persons of Workforce Age Projection 2000-2100 if TFR is 2.1*





### 3. DIFFERING POPULATION OUTCOMES FOR STATES AND TERRITORIES, METROPOLITAN AND REGIONAL AREAS

3.1 Consideration of population issues in Australia must take into account the differing population goals and likely population outcomes of the States and Territories, as well as those of metropolitan and rural Australia given the highly regional nature of population distribution. Regional in this context is considered to be areas outside of the major capital cities.

#### States and Territories – Likely Population Outcomes

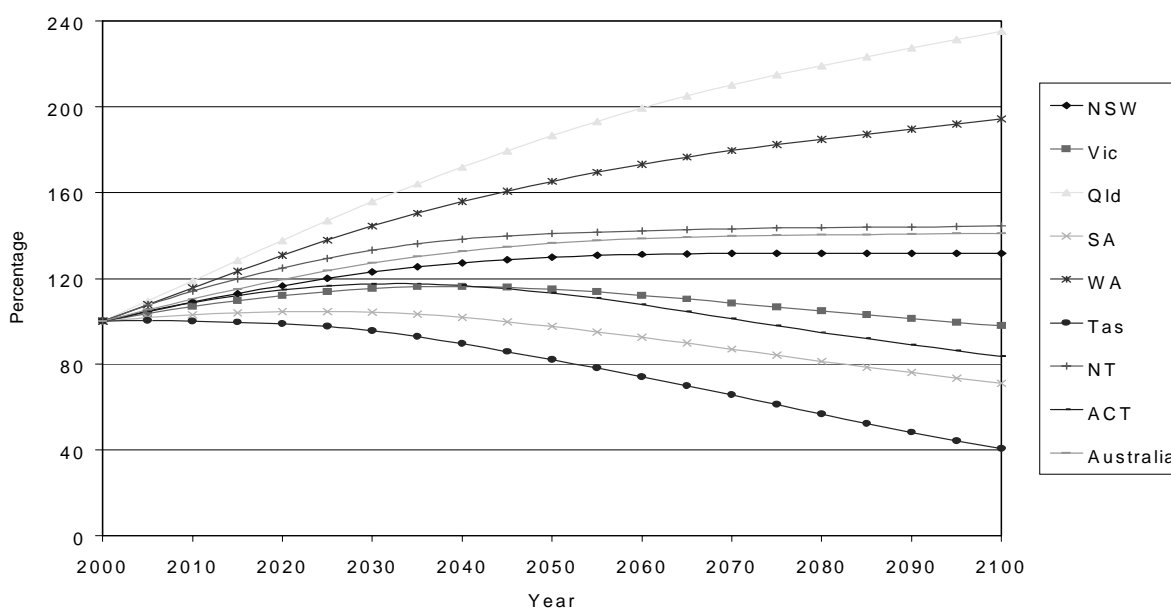
3.2 The following graphs set out population projections for each of the States and Territories based on plausible assumptions about fertility, mortality, NOM, and net interstate migration.

3.3 These projections assume:

- The ABS preliminary 2000-01 TFR for each State/Territory, which is assumed to decline at the rate of 0.1 per year for 10 years.
- NOM of 100,000, with each State/Territory pro-rata'd according to the proportion of the ABS' preliminary estimate of 2000-01 NOM.
- Life expectancy is assumed to rise at the rate of one year in every ten-year period from now to 2050. By 2050, expectation of life is assumed to be 81.5 years for men and 87.5 years for women, remaining constant thereafter to 2100.
- Net Interstate Migration for each State/Territory is assumed to be the average for each State/Territory over the last 15 years.

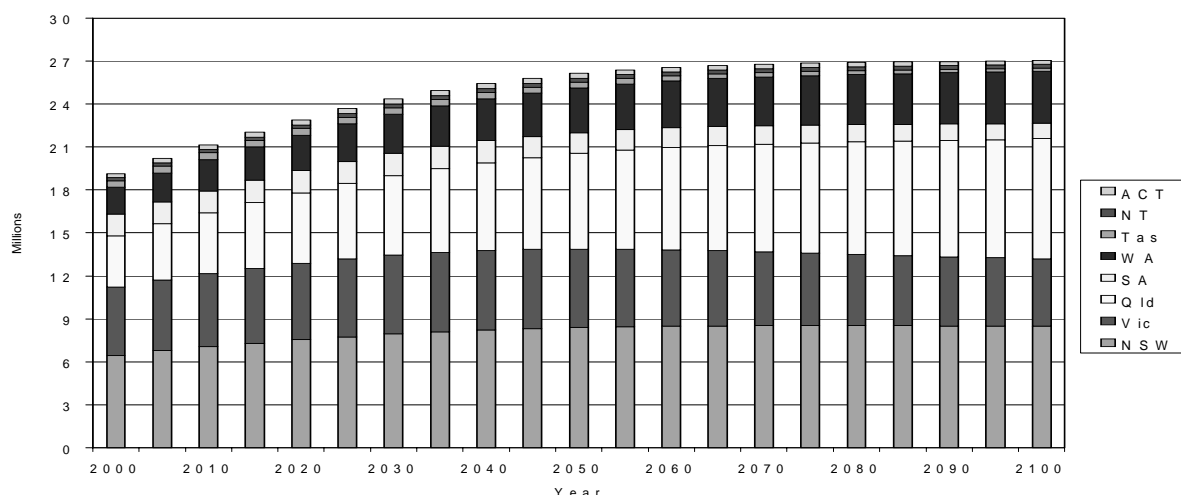
3.4 The projections (illustrated in Figure 6) show declining populations for Tasmania, the ACT, South Australia and Victoria from as early as now (Tasmania) through to mid-century (SA by 2025, VIC by 2040 and the ACT by 2050). This is due to a combination of low fertility, with low or negative net interstate and overseas migration. As their populations decline and age, the potential labour forces (ie people of workforce age, 15-64 years) is also likely to decline.

**Figure 6: State and Territory population growth relative to the year 2000, 2000-2100**



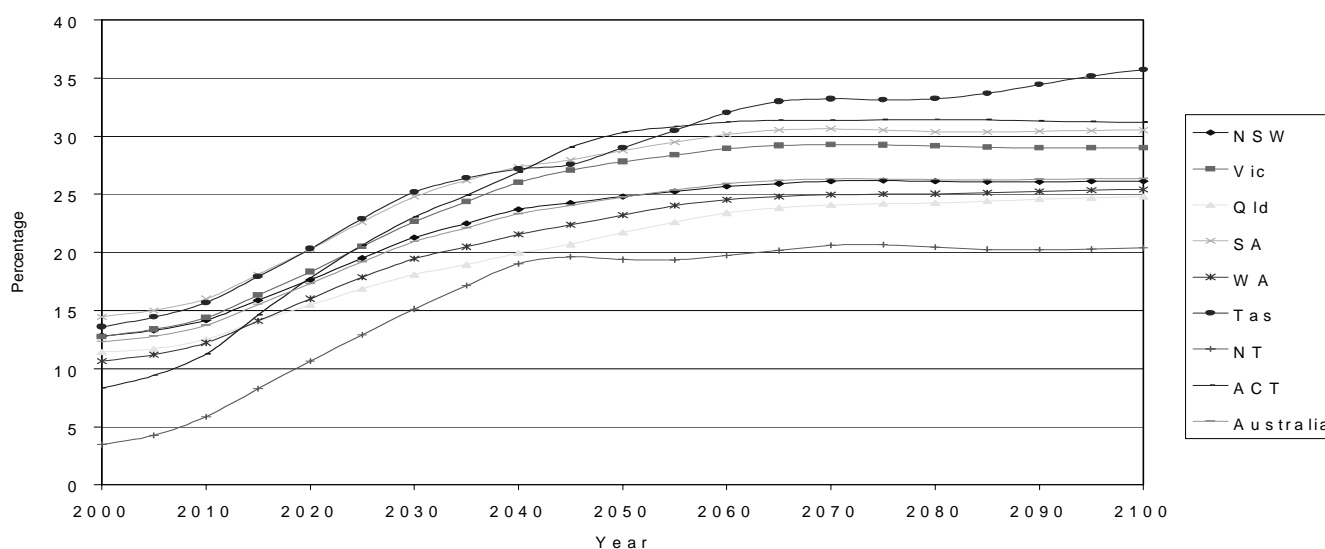
3.5 Figure 7 illustrates the proportion of Australia's total population attributable to each State/Territory over the next century. The populations of Queensland and Western Australia would increase both in size and as a proportion of the total population over time, while the populations of New South Wales and the Northern Territory would increase in size but decrease as a proportion of Australia's total population. The populations of Tasmania, the ACT, South Australia, and Victoria would decrease in size and as a proportion of Australia's total population.

**Figure 7: State and Territory population projections as a proportion of Australia's total population, 2000-2100**



3.6 All States and Territories would experience significant ageing of their populations (as shown in Figure 8). By mid-century, the ACT would have the highest proportion of its population over the age of 65 years (30.3%), with Tasmania (29%), SA (28.8%) and VIC (27.8%) also having a high proportion of aged in their respective populations. From then on, all States and Territories would continue to experience gradual to rapid ageing of their populations through to the end of the century, with the exception of the NT which is likely to experience stabilisation of its aged population. By 2100, Tasmania would have by far the highest proportion of its population over the age of 65 years (36%), while QLD (24.8%) and the NT (20.4%) would have the lowest proportion by 2100.

**Figure 8: Percentage of the population aged 65 and over, 2000-2100**



## **Regional and Metropolitan Areas - Likely Population Outcomes**

- 3.7 There are also likely to be differing population outcomes between regional and metropolitan areas and within different areas of each.
- 3.8 Australia is a highly urbanised country, with 64% of the population currently living in the capital cities. Australia became increasingly urbanised during the first 70 years or so of the twentieth century with the proportion of the population living outside the capital cities declining from two-thirds to one-third over that period. During this period, population growth, population age composition and geographical distribution has demonstrated geographic variability. These factors have tended to produce somewhat different impacts on access to services and infrastructure provisions between regions and metropolitan areas, and even among regions.
- 3.9 The ABS projections show that the populations of all capital cities are expected to increase, while many areas in rural and regional Australia are expected to experience continued population decline.
- 3.10 The ABS projects that an even greater percentage (70-90%) of all population growth over the next 50 years is likely to occur in the capital cities. Darwin and Brisbane are our two fastest growing cities, and other cities, such as Perth, are growing faster than Sydney. Within the capital cities, the inner areas have begun to experience population growth after years of decline.
- 3.11 Australia's total regional population also continues to increase, albeit at a lower rate than that of large metropolitan areas. There is continued growth in many regional centres including Maitland, Griffith, Dubbo, Ballarat, Wodonga, Townsville, Toowoomba, Mount Gambier and Albany. In contrast, population loss in rural Australia has been occurring for some time, largely as a result of internal migration.
- 3.12 In the longer-term, ABS projections show non-capital city growth in each State and Territory, with the exception of Tasmania, to continue for a while. This trend will become negative in SA, NSW, VIC and the ACT before 2050 (although this projection disguises probable growth in regional cities and other population shifts).
- 3.13 The ABS publication, *Regional Population Growth, Australia and New Zealand 1999- 2000*, identifies that there are significant areas of population growth in large regional centres and coastal regions. Areas of population loss, appear to be concentrated along the margins of the outback and across the wheat belt – from outback New South Wales, leap-frogging the Murray into the Victorian Wimmera, then up into the northern reaches of South Australia, and then settling into the Midlands of Western Australia. The ageing process and the migration of young people from regional Australia is an important economic and social issue for regional Australia.

#### **4. ISSUES RELATED TO THE AGE STRUCTURE OF THE INDIGENOUS POPULATION**

- 4.1 Since Indigenous people form a small proportion of the total population (around one in fifty), the particular demographic characteristics of Indigenous people have little impact on the total population. Nevertheless, understanding of their population characteristics, particularly where these contrast with characteristics of the total population, is important in order to ensure that both mainstream and Indigenous policy and programme development are responsive to the particular demographic features of the Indigenous population.
- 4.2 The Indigenous population has a high proportion of children and young people and few older people. In 2001, almost 60% of Indigenous people were aged under 25 and only 3% were aged 65 and over (ABS 2002). The Indigenous population has a median age of around 20 years compared with 35 years for the total population (ABS 2002a). The fertility rate for Indigenous women in 1999 was 2.1 babies per woman, compared with 1.7 babies per woman for the total population. Life expectancy at birth for Indigenous males born in 1997-1999 was 56 years, and for Indigenous females it was 63 years. This compares with 76 years and 82 years, respectively for the total population – a difference of some 20 years (ABS 2000c). This also reflects the tendency for Indigenous people to exhibit age-related conditions at a younger age than the general population.
- 4.3 The contrast between the young, high growth, Indigenous population and the older, low growth, non-Indigenous population draws our attention to areas which may need particular focus if the needs of Indigenous people, with their distinctive younger age profile, are to be met. This younger profile suggests that governments will need to place continuing emphasis on education needs, the transition from education to work and labour force participation issues generally, and support for families with dependent children.
- 4.4 Nevertheless, the younger age profile of Indigenous Australians masks a need for aged care services. While the Indigenous population median age is around 20 years, the median age at death is about 50 years. This is reflected in the tendency to early onset of age-related conditions, and a higher morbidity rate in younger adults than the non-Indigenous population. For example, prevalence of type 2 diabetes is nine times higher in Indigenous 35-44 year-olds than for non-Indigenous people; and Indigenous people aged under 55 years are twice as likely to have been admitted to hospital (ABS, 2002b). This 'early ageing' is recognised by the government, with some restricted programs for the aged available to Indigenous people at a younger age. An example is free influenza vaccination, available to the general population aged 65 years or more, but to Indigenous people over 50 years (DHA, 1999).

## **5. ISSUES RELATED TO AGEING ETHNIC COMMUNITIES**

### **Use of health and aged care services by ageing ethnic communities**

- 5.1 Many ethnic communities in Australia now comprise a large proportion of aged persons ie persons aged 65 years and over. In the 1950s and 1960s, Australia had large intakes of older, mainly unskilled workers from overseas. This migration pattern has resulted in a large number of migrants in Australia, primarily from Southern European countries, now being in the older age brackets, being unskilled and having poor English language skills.
- 5.2 The ageing of these ethnic communities has policy implications for the provision of health and aged care services.
- 5.3 Research has shown that, while newly arrived immigrants tend to be healthier and less likely to make use of medical services than the Australia-born population, this is less likely to be the case for immigrants who have been in Australia for very long periods.
- 5.4 Various explanations for the health advantage of newly arrived immigrants have been offered. Many have noted that immigration is a selective process whereby those who do not meet certain health requirements are not granted visas to migrate to Australia. Differences in diet, behaviour and lifestyle patterns may also help explain the better health status of immigrants.
- 5.5 Further, refugee and humanitarian entrants can arrive in poor health and require medical attention to address a variety of physical and mental health related issues, including torture/trauma experiences. DIMIA's most recent longitudinal research suggests that these entrants are arriving from particularly adverse circumstances (compared to earlier waves of humanitarian entrants), with a significant percentage of them reporting pre-existing health conditions and over half reporting stress related conditions. This has long term implications for aged care services for some communities.
- 5.6 Research also suggests that, in terms of English skills, those immigrants who do not speak English well may be constrained from making full use of health services which do not provide multilingual services such as access to interpreting services or translated health service information. This in turn could be detrimental to their health status.
- 5.7 Australia's intake of older, less skilled migrants has decreased significantly in recent years due to changes made by the Government to re-focus the Migration Program to place greater emphasis on skilled migrants who are young, highly skilled and have good English language skills.
- 5.8 As noted earlier in this paper, based on plausible assumptions about fertility, mortality and NOM, the total aged population as a proportion of the total population is expected to double from 12 percent of the population currently to about 25 percent by mid-century. However, the ethnic aged as a proportion of the total aged population is expected to decrease slightly (albeit increasing in absolute terms), from 33 percent of the total aged population currently (770,000 out of a total aged population of 2.36 million) to 29 percent of the total aged population in 2050 (1.75 million out of a total aged population of 6.05 million).

## **Funding of services for ageing Australians**

- 5.9 DIMIA currently provides funding to community organisations to provide settlement services under the Community Settlement Services Scheme (CSSS). These services are intended to provide information and orientation to new arrivals; to assist newly forming communities to build their capacity to advocate on their own behalf; and to advocate for the development of services by appropriate local, State/Territory and Commonwealth agencies. However, some CSSS funding has been allocated to support projects for ageing members of established migrant communities.
- 5.10 Many older overseas-born Australians are from established migrant communities, which have been in Australia for two generations or more. Generally they are well organised communities with a range of resources. The purposes for which these communities seek funding are not associated with on-arrival needs, but with needs brought about by ageing. The needs identified in grants applications include social and geographic isolation, deteriorating health, loss of English language skills with ageing, support to families and casework and advocacy services.
- 5.11 Some of these needs would be more appropriately met by State and local government community and recreation services for senior citizens, while others are the responsibility of State health departments and Commonwealth agencies such as the Department of Health and Ageing, Centrelink and the Department of Family and Community Services.
- 5.12 The Charter of Public Service in a Culturally Diverse Society requires that all mainstream services, delivered or funded by the Commonwealth, allocate sufficient resources (including for translating and interpreting services) and make appropriate modifications to existing service delivery arrangements to ensure that services are responsive to the 33% of the ageing Australian population born overseas. In this context, it is critical that mainstream agencies engage directly with overseas born communities to develop mutual understanding of needs and how to address the needs.
- 5.13 Cost shifting by Commonwealth and State agencies to CSSS not only reduces the level of funding available to meet the significant settlement needs of new and emerging communities, including refugee and humanitarian entrants, but also means that mainstream agencies are not meeting their responsibilities to design and deliver services for a culturally and linguistically diverse society.
- 5.14 Given the expected acceleration in the ageing of the population, it is imperative for this issue to be dealt with now without further delay.

**Table 1. Projection outcomes for the years 2000, 2050 and 2100, Australia**

	INPUTS			OUTCOMES IN 2000							OUTCOMES IN 2050							OUTCOMES IN 2100						
	TFR (a)	Life Exp. (b)	NOM ('000) (c)	Popn (mill)	Popn Growth Rate % (d)	65+ % (e)	No. of 65+ (mill)	W-f age % (f)	No. of W-f age (mill)	Dep. Ratio (g)	Popn (mill)	Popn Growth Rate % (d)	65+ % (e)	No. of 65+ (mill)	W-f age % (f)	No. of W-f age (mill)	Dep. Ratio (g)	Popn (mill)	Popn Growth Rate % (d)	65+ % (e)	No. of 65+ (mill)	W-f age % (f)	No. of W-f age (mill)	Dep. Ratio (g)
<b>Current</b>	1.74	ABS	100	19.2	1.1	12.3	2.4	67.2	12.9	2.1	27.2	0.3	24.3	6.6	60.3	16.4	1.51	29.4	0.1	26.0	7.6	59.0	17.3	1.44
<b>Baseline</b>	1.65	ABS	100	19.2	1.1	12.3	2.4	67.2	12.9	2.1	26.4	0.3	25.0	6.6	60.5	16.0	1.53	27.1	0	27.0	7.6	58.8	15.9	1.42
High NOM	1.65	ABS	150	19.2	1.1	12.3	2.4	67.2	12.9	2.1	29.9	0.5	23.6	7.1	61.6	18.4	1.6	33.8	0.2	26.1	8.9	59.5	20.2	1.47
Low NOM	1.65	ABS	50	19.2	1.1	12.3	2.4	67.2	12.9	2.1	22.9	0	26.9	6.2	59.0	13.5	1.43	20.4	-0.2	28.6	5.8	57.5	11.8	1.35
<b>Low TFR</b>	1.3	ABS	100	19.2	1.1	12.3	2.4	67.2	12.9	2.1	24.2	0	27.3	6.6	61.1	14.8	1.57	20.4	-0.4	31.7	6.5	57.5	11.7	1.35
High NOM	1.3	ABS	150	19.2	1.1	12.3	2.4	67.2	12.9	2.1	27.4	0.2	25.7	7.1	62.3	17.1	1.65	25.9	-0.2	30.3	7.9	58.6	15.2	1.42
Low NOM	1.3	ABS	50	19.2	1.1	12.3	2.4	67.2	12.9	2.1	20.9	-0.4	29.4	6.2	59.4	12.5	1.46	14.8	-0.8	34.0	5.0	55.6	8.2	1.25
<b>High TFR</b>	2.1	ABS	100	19.2	1.1	12.3	2.4	67.2	12.9	2.1	29.5	0.7	22.4	6.6	59.4	17.5	1.46	38.7	0.5	22.0	8.5	59.5	23.1	1.47
High NOM	2.1	ABS	150	19.2	1.1	12.3	2.4	67.2	12.9	2.1	33.3	0.9	21.2	7.1	60.4	20.1	1.52	47.3	0.6	21.4	10.1	59.9	28.3	1.49
Low NOM	2.1	ABS	50	19.2	1.1	12.3	2.4	67.2	12.9	2.1	25.6	0.4	24.0	6.2	58.2	15.0	1.39	30.2	0.4	22.8	6.9	58.8	17.8	1.43

- a. Total Fertility Rate (TFR). 1.65: TFR falls from 1.75 in 2000 to 1.65 in 2010 and then remains constant. 1.30: TFR falls from 1.75 in 2000 to 1.30 in 2021 and then remains constant. 2.1: TFR increases from 1.75 in 2000 to 2.1 in 2021 and then remains constant.
- b. Life expectancy at birth: rises from 76.5 years for males and 82.5 years for females in 2000–05 to 83.5 years for males and 86.5 years for females in 2045–50, and remains constant to 2100 thereafter.
- c. Net overseas migration (NOM). 100,000: NOM is constant at 100,000 per annum. High NOM: NOM is constant at 150,000 per annum. Low NOM: NOM is constant at 50,000 per annum.
- d. Annual growth rate.
- e. Percentage of the population aged 65 and over.
- f. Percentage of the population aged 15-64 years ie workforce age.
- g. Dependency ratio ie ratio of the number of people of workforce age compared to those not of workforce a

