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Changing Religious Affiliation Among Older Australians: Estimates and Projections to Mid-century

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Abstract

The purpose of this study was to investigate shifting religious affiliation of the older Australian population to mid-century. Projections were produced with a cohort-component model classified by both country/region of birth and religious affiliation and divided by sex and five-year age groups. By mid-century, we project a rapid increase in the percentage of people reporting 'No religion' (+82%, +8.65 million), alongside a decrease in Christian religions (from 55% to 30% of the population) and increases in Hinduism (169%, +1.2 million), Islam (106%, +913k), and Buddhism (40%, +255k). Natural change, net religious movement, and net overseas migration play differing roles across each of the major religion groups studied. In contrast to the broader population results, within the 65+year population, we project an increase in Catholicism (mostly 80+years), with relative stability in Anglican and Congressional affiliation to mid-century. However, if the projection horizon is extended beyond 2051, declines for these Christian affiliations are likely. Among the older population, greater diversity in religious affiliation is projected relative to the past, with non-Christian religions experiencing considerable growth, albeit from a low population base. The most significant change in the older population is very significant growth (179%, +1.92 million) in the 65+population reporting no religious affiliation to mid-century. Our study shows that by mid-century, there will be a major transformation in the Australian aged care landscape from a majority Christian-affiliated sector servicing a majority Christian-population to a majority Christian-affiliated sector servicing a religiously pluralist population.

Keywords Population projections · International migration · Population ageing · Aged care · Religion

Extended author information available on the last page of the article

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Introduction

Historically, aged care and religion have been closely linked with the earliest advocates for a formalised aged care system, including pensions, housing, nursing care, and welfare support, being religious organisations and charities (Jalland, 2015). In high-income countries such as the United States (US), the United Kingdom (UK), and Australia, these religious organisations were highly active from the late 19th Century onwards, predominantly Christian, and their advocacy was inextricable from their Christian mission of social justice, welfare, and uplifting the dispossessed (Achenbaum & Carr, 2014; Jalland, 2015; Peace, 2003).

Aided by their advocacy, other social reforms, and the aftermath of economic depressions post-World War II, aged care services, including nursing home care, were established in the 1960s in Australia (Jalland, 2015), the UK (Peace, 2003) and the US (Achenbaum & Carr, 2014). These facilities were subsidised (in part or wholly) by government, resulting in a proliferation of aged care services delivered by religious and private providers with the former often fiscally operating as not-for-profit entities (Achenbaum & Carr, 2014; Jalland, 2015; Peace, 2003). However, such subsidies meant that public expenditure spiralled, and increasingly complex and fragmented regulation and reform were implemented over the decades to reduce costs (Achenbaum & Carr, 2014; Jalland, 2015; Peace, 2003). These reforms have had varied success.

In contemporary Australia – the setting for this study – there has been major reform in the sector since 2021 causing smaller providers to exit the market due to increasing regulatory requirements and an inability to remain financially sustainable (KPMG, 2023). Financial pressure is a critical issue with around 64 per cent of residential care facilities operating at a loss (KPMG, 2023). Significant market consolidation is occurring, and not-for-profit organisations now deliver the bulk of aged care (58 per cent of residential care, 67 per cent of home care, and 73 per cent of home support outlets) (AIHW, 2024). The majority of these not-for-profit aged care organisations are religious ($n = 1133$) and charitable ($n = 1264$), with considerable overlap between these two categories (AIHW, 2023). Notably, religious and charitable organisations receive a blanket exemption from income tax and are able to undertake business-like activities provided that they "are incidental to or aid the charitable purpose." Therefore, a Church based aged care facility competing with a private facility may have a competitive advantage that is reflected in lower prices for the customers of the church business (Bocabella and Gupta, 2024).

At the same time, there have been notable demographic shifts in the population. First, fewer Australians identify as Christian with many becoming less religious overall (Possamai & Tittensor, 2022). For example, in the 1971 Census 6.7 per cent of Australians identified as 'no religion'; by 2021 this figure was 38.9 per cent (ABS, 2022a). Second, there has been a growth of religious diversification especially among Pentecostal, Buddhist, Hindu, and Muslim groups; a trend that closely matches immigration patterns and the shift from European to Asian-born migrants from the 1980's onwards (Possamai & Tittensor, 2022; Wilson et al., 2020).

Thus, while the population is becoming less religious, more religiously diverse, and fewer identify as Christian overall, many aged care providers in Australia are religious organisations, mainly Christian affiliated. This disconnect is a challenge for these providers as government legislation mandates that providers must deliver person-centred care to older clients, which includes attending to their religious and spiritual needs (Aged Care Act, 2025). Gordon et al. (2020) showed that where older people identify as religious, and their aged care provider can meet their religious needs, greater wellbeing and more positive relationships are reported than those older people who do not identify as religious (Gordon et al., 2020). A larger body of evidence also shows a correlation between older people's religious practices and life satisfaction, happiness, positive affect, and higher morale (Lifshitz et al., 2019; Lima et al., 2020; Malone & Dadswell, 2018). Given the importance of religious affiliation for the care of older Australians, we investigate: (i) How will the religious affiliation of older Australians shift by mid-century? (ii) What are the implications of this shift for providers? This investigation is highly timely because no Australian study has enumerated the religion-ageing-migration nexus in contemporary Australia and for the next 25 years in order to inform policy and aged care service delivery.

We begin by providing the conceptual and mathematical basis of the projection models employed, the religious affiliation population profile, and the projection input data and assumptions. Key features of national projection results are presented in the findings, with a focus on the 65+ years population. These findings and the implications for aged care service provision and policy are then discussed, followed by suggestions for further research.

Data and Methods

Projection Model

Population projections from 2021 to 2051 were calculated using a custom-built cohort-component model designed for population groups defined by religious affiliation and birthplace. The model handles populations by sex and five-year age groups up to age 85+ years and moves forward in five-year time increments. International migration is modelled using immigration flows and emigration rates, whilst religious affiliation moves are handled with outward and inward rates (like a bi-regional internal migration model). There are, of course, no switches between birthplace categories. All births are allocated to Australian-born populations by religious affiliation irrespective of the birthplace of women, with babies assumed to have the same religious affiliation as their mothers.

Cohort populations are projected using the population accounting equation.

$$P^{b,r}_{s,a+5}(t+5) = P^{b,r}_{s,a}(t) - D^{b,r}_{s,a\rightarrow a+5} - OR^{b,r}_{s,a\rightarrow a+5} - E^{b,r}_{s,a\rightarrow a+5} + IR^{b,r}_{s,a\rightarrow a+5} + I^{b,r}_{s,a\rightarrow a+5} \quad (1)$$

where

P	denotes population
D	deaths
OR	outward religious movement
E	emigration
IR	inward religious movement
I	immigration
t	point in time
b	birthplace
r	religion
s	sex
a	age group
$a \rightarrow a+5$	period-cohort aged a at time t and aged a + 5 at time t + 5

All component flows occur in the t,t + 5 projection interval.

With the exception of immigration, the projected flows in Eq. 1 are calculated as rates multiplied by populations at risk. Deaths, emigration, and outward religious movement are projected as the product of rates multiplied by the population-at-risk of each birthplace-religious group. For example, outward religious movement is projected as:

$$OR^{b,r}_{s,a\rightarrow a+5} = or^{b,r}_{s,a\rightarrow a+5}\frac{5}{2}\left[P^{b,r}_{s,a}(t) + P^{b,r}_{s,a+5}(t+5)\right] \tag{2}$$

where

or denotes the outward religious movement rate.

Because religious movement is handled using a bi-regional arrangement in which movement occurs between (1) each religion and (2) all other religions, inward religious movement is calculated using a population-at-risk of all other religions. Thus:

$$IR^{b,r}_{s,a\rightarrow a+5} = ir^{b,r}_{s,a\rightarrow a+5}\frac{5}{2}\left[P^{b,*}_{s,a}(t) - P^{b,r}_{s,a}(t) + P^{b,*}_{s,a+5}(t+5) - P^{b,r}_{s,a+5}(t+5)\right] \tag{3}$$

where

ir	is the inward religious movement rate
$*$	indicates a variable summed over all categories

A small adjustment is needed to ensure that religious outward movement by sex and period-cohort summed over all religious categories equals the equivalent sum of religious inward movement.

Births are projected as the product of age-specific fertility rates and female populations-at-risk, and then summed over all birthplace groups:

$$B^{Aus,r}_{a} = \sum_{b}\left(ASFR^{b,r}_{a}\frac{5}{2}\left[P^{b,r}_{f,a}(t) + P^{b,r}_{f,a}(t+5)\right]\right) \tag{4}$$

where

B refers to births
$ASFR$ age-specific fertility rate
f female population

By definition, all babies born in Australia belong to the Australian-born birthplace category. We assume all babies have the same religious affiliation as their mothers. Births are then aggregated over age of mother and allocated to male and female populations using the sex ratio at birth. The newly born cohort of babies is then projected to age 0–4 years using accounting Eq. 1 except that the start-of-interval population is replaced by births.

Base Period Data 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. The birthplace groups were aggregated from the Australian Bureau of Statistics (ABS) classification of countries (ABS, 2016) to reflect the countries and global regions from which Australia draws its migrants. The religious classification was based on Bouma and Halafoff's approach (Bouma & Halafoff, 2017) for managing the many Christian denominations listed in the census. This involves

Table 1 Religious affiliation and birthplace categories

Religious affiliation	Birthplace
Anglican	Australia
Catholic	New Zealand
Congregational, Presbyterian, Ref. & Uniting	Melanesia & Micronesia
Pentecostal +	Polynesia (excludes Hawaii)
Other Christian	United Kingdom & Ireland
Islam	Western & Northern Europe
Buddhism	Southern Europe
Hinduism	South Eastern Europe
Judaism	Eastern Europe
No religion	North Africa & Middle East
Other Religions	Mainland South-East Asia
Not stated & inadequately described	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

collapsing multiple Christian categories into like groups (e.g., Congregational, Presbyterian and Reformed and Uniting have been combined to create the category CPRU). Similarly, to capture the wider Pentecostal community, the former has been combined with the Apostolic Church and Christians not elsewhere defined. Finally, both Anglicans and Catholics remain as stand-alone categories as they are the largest denominations, while the remaining Christian denominations that are below 1 percent of the population are aggregated in the classification 'Other Christians', which includes groups such as the Jehovah's Witnesses, Lutherans, and Seventh Day Adventists. For the other major world religions such as Buddhism, Hinduism, Judaism, and Islam, there are stand-alone classifications in the census. 'No religion' and 'Not stated and inadequately defined' are also stand-alone categories, whilst all the remaining faiths (e.g. Australian Aboriginal Traditional Religions, Sikhism, Baha'i, and Nature religions) are aggregated in the 'Other Religions' Category as they are collectively less than 1% of the total population.

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 five-year age groups for 216 (12 $\times$ 18) religious affiliation by birthplace groups for the three years.

Data of 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 (TFR) and the national TFR were used in setting fertility assumptions. The national TFR assumption is formulated first, with birthplace-specific assumptions created as the national assumption plus specified a difference.

Data of deaths by birthplace, sex, and abridged life table age groups (0, 1–4, 5–9, 10–14, … 80–84, 85 + years) for 2016–21 were purchased from the ABS. Deaths data with a religious affiliation breakdown are not available. Age-specific death rates, and then abridged life tables, were calculated for each birthplace group, sex, and for Australia as a whole. Differences between birthplace-specific and national life expectancy were used in setting mortality assumptions.

International migration data was obtained from both the census and ABS overseas migration estimates (ABS, 2022b). 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 five years ago by birthplace, religion, age, and sex. Census immigration data are transition-type measures of migration (Rees, et al., 2010) which record net changes of address at five-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.

The estimation of religious movement rates involved multiple data sources and several steps. 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. The ACLD is a 5% sample of probabilistically-linked records between censuses (ABS, 2019). Due to small numbers, it was not possible to obtain a full matrix of 2011 religion/birthplace by 2016 religion/birthplace by sex and age group. We therefore extracted a two-category set of flows by age and sex for each religious group (but not cross-classified by birthplace) which consisted of outflows *from* the religion to all other religious affiliation categories, and inflows *to* the religious group in question from all other religious categories. These data were then used to calculate inward and outward religious change rates assuming just one religious movement in the five-year interval.

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. For example, for the female cohort aged 25–29 years in 2016 and 30–34 years in 2021, the demographic components needed to match the change in size of this cohort between 2016 and 2021. Deaths, immigration, and emigration were assumed to be correct. Preliminary religious inflows and outflows were estimated by applying the 2011–16 rates to the 2016–21 populations-at-risk. Then the inflows and outflows were adjusted proportionally to be consistent with cohort population change. Religious change rates were then re-calculated using the newly estimated religious inflows and outflows.

Birthplace scaling factors were calculated to adjust age profiles of religious change rates up or down for each religious-birthplace group. The scaling factors are defined as the ratio of the religious-birthplace inward or outward movement rate to the religious-only rate. Scaling factors were estimated from an origin–destination matrix of ACLD movements to and from birthplace-religious categories for the period 2011–16. Because of the small numbers involved, the matrix had to be extracted without age-sex detail.

Demographic Projection Assumptions

A national Total Fertility Rate (TFR) 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 immigration assumptions for 2021–26 and 2026–31 were taken from Commonwealth Treasury's most recent projection assumptions (Centre for

Population Projections, 2023). These assumptions comprise immigration of 2.76 million in 2021–26 and 2.89 million in 2026–31. Total immigration was then assumed to continue its long-run upward trend, although the share of immigration by birthplace was assumed to remain constant. The religious composition of immigration flows was assumed to change over time on the basis of immigration data recorded for 2011–16 and 2016–21 in the 2016 and 2021 Censuses. For each birthplace group, the proportion of people in each religious category was extrapolated into the future, with most birthplace-specific immigrant flows becoming less religious over time. The religious proportions were applied to the birthplace-specific immigration flows to obtain projections of migration by birthplace and religion. Emigration rates were assumed to remain constant.

Data for this study are freely available from the [ARC Centre of Excellence in Population Ageing Research Population Futures] Data Archive at [https://www.cepar.edu.au/cepar-population-ageing-projections].

Results

Table 2 presents the projected Australian population by religious affiliation alongside the relative percentages identifying with a religious status over the period 2016–2051. Several noteworthy shifts are identified. Firstly, the total proportion of the population reporting any Christian affiliation falls considerable from about 55% in 2016 to 30% mid-century, a fall of 768,658 individuals. Within the Christianity group, Pentecostal + and Other Christian groups report numerical increases by mid-century (384,237 and 77,659), with relative stability in the percentage of the population reporting affiliation. All other Christian groups report significant declines.

By far, the largest demographic change identified is the strong shift toward no religious affiliation, with an increase of over 8.6 million people in this group from 2016–2051, rising from 32% of the population in 2016 to 52.5% in 2051. Buddhism, Judaism, Hinduism and Islam and all report numerical increases in the number of people affiliated, with the increase particularly strong among the latter two categories. The proportions reporting an Islam affiliation rise from 2.7% to 4.9% and Hinduism 2.0% to 5.4% over the projection period.

These shifts raise the question of what are the relevant demographic drivers of this change. Results in Fig. 1 display the estimated components of change for each religion decomposed by natural change, net religious movement and net overseas migration. Anglican, Congregational and Other Christian groups all record significant population losses due to natural change (i.e., ageing of the relevant populations) by mid-century. With the exception of Anglicans and Judaism, most religious groups report population losses due to net religious movement (i.e., movement to other affiliation states, including no religion). All groups report gains due to net overseas migration, with the gains considerable for Catholics, Islam, Buddhism and Hinduism. Although from a small population base, Judaism also achieves growth through both net overseas migration and net religious movement.

With an understanding of the key religious affiliation changes and population dynamics at play, it is possible to investigate how religious affiliation changes

Table 2 Estimated and projected australian population, by religious affiliation, 2016–2051

	2016	2021	2031	2041	2051	2051–2021
	Population					
Anglican	3,343,279	2,608,777	2,064,895	1,914,248	1,943,543	−665,234
Catholic	5,777,809	5,364,660	5,080,032	4,996,229	5,070,910	−293,750
Congregational, Presbyterian, Reformed, Uniting	1,924,690	1,541,537	1,256,428	1,209,832	1,269,968	−271,569
Pentecostal +	975,334	1,026,020	1,155,607	1,278,450	1,410,257	384,237
Other Christian	1,256,396	1,211,662	1,205,354	1,233,577	1,289,321	77,659
Total Christian	13,277,507	11,752,657	10,762,317	10,632,337	10,983,999	−768,658
Islam	662,782	865,881	1,173,004	1,476,801	1,779,221	913,340
Buddhism	612,084	642,469	732,690	815,919	897,294	254,825
Hinduism	484,232	729,516	1,158,652	1,567,160	1,962,407	1,232,892
Judaism	99,824	105,600	119,680	134,021	149,260	43,660
No religion	7,750,984	10,517,391	14,162,566	16,860,657	19,167,400	8,650,009
Other Religions	243,321	345,803	510,943	651,682	775,957	430,154
Not stated & inadequately described	1,060,173	728,762	659,952	716,051	793,410	64,647
Total	24,190,907	25,688,079	29,279,804	32,854,628	36,508,948	10,820,869
	Percentage of Total Population					
Anglican	13.8	10.2	7.1	5.8	5.3	−4.8
Catholic	23.9	20.9	17.3	15.2	13.9	−7.0
Congregational, Presbyterian, Reformed, Uniting	8.0	6.0	4.3	3.7	3.5	−2.5
Pentecostal +	4.0	4.0	3.9	3.9	3.9	−0.1
Other Christian	5.2	4.7	4.1	3.8	3.5	−1.2
Total Christian	54.9	45.8	36.8	32.4	30.1	−15.7
Islam	2.7	3.4	4.0	4.5	4.9	1.5
Buddhism	2.5	2.5	2.5	2.5	2.5	0.0
Hinduism	2.0	2.8	4.0	4.8	5.4	2.5

Table 2 (continued)

	2016	2021	2031	2041	2051	2051–2021
Judaism	0.4	0.4	0.4	0.4	0.4	0.0
No religion	32.0	40.9	48.4	51.3	52.5	11.6
Other Religions	1.0	1.3	1.7	2.0	2.1	0.8
Not stated & inadequately described	4.4	2.8	2.3	2.2	2.2	−0.7
Total	100.0	100.0	100.0	100.0	100.0	

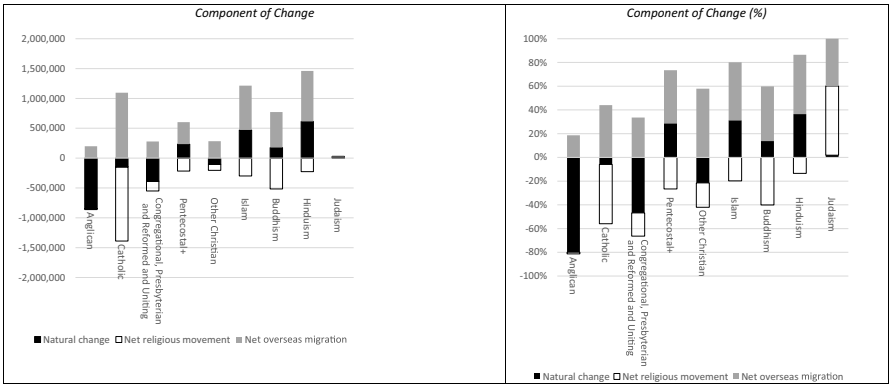

Fig. 1 Drivers of religious affiliation change, 2021–2051**.** *Note:* The percentage differences (%) reflect the role of natural change, net religious movement and net overseas migration on the total change in religious affiliation per religion over the full time period 2021–2051

Table 3 Population change by religious affiliation, total population and 65+ population, 2021–2051

	All Ages		Aged 65+	
	2051–2021 Change		2051–2021 Change	
	(%)	Population	(%)	Population
Anglican	−25.5	−665234	−3.5	−31977
Catholic	−5.5	−293750	38.2	398059
Congregational, Presbyterian, Reformed, Uniting	−17.6	−271569	−5.8	−30868
Pentecostal +	37.4	384237	84.1	114286
Other Christian	6.4	77659	39.5	108887
Islam	105.5	913340	410.1	169591
Buddhism	39.7	254825	126.0	104691
Hinduism	169.0	1232892	383.2	119201
Judaism	41.3	43660	59.0	15366
No religion	82.2	8650009	178.9	1923570
Other Religions	124.4	430154	199.1	41728

among different age groups in the Australian population. Results in Table 3 show the total and percentage change in population for the total Australian population and population aged 65+ years from 2021–2051. The growth in no religion affiliation is particularly strong among older Australians, with a 179% increase by mid-century, or an additional 1.92 million people. This percentage increase is significantly larger than the total population 82.2%. Interestingly, declines in Anglican and Congregational affiliation in the 65+ years population is much lower than observed for the broader population. Catholic affiliation actually grows for the 65+ years population by 38% over this period, compared with a 5.5% decline at the total population level.

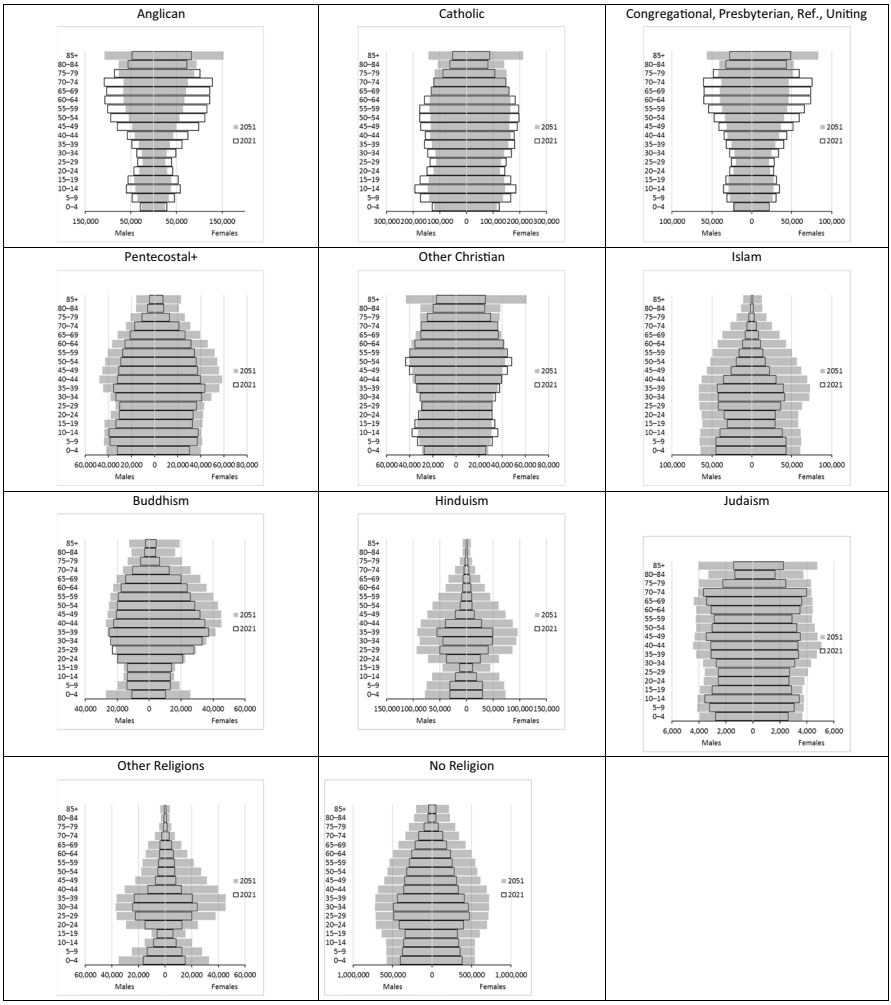

Fig. 2 Population pyramids, 2021 and 2051, by religious affiliation

As expected, Islam (410%), Hinduism (383%) and Buddhism (126%) all report strong growth for the 65+ years population, due primarily to population momentum and ageing.

Further insights into the age structure and population dynamics for each religious affiliation group is shown in the population pyramids in Fig. 2. The population pyramids show by 5-year age groups and sex, the total population reporting each affiliation in 2021 (unshaded) and 2051 (shaded). Anglican and Congregational populations share a similar age-sex structure indicative of strong population ageing and exhibiting cohort flow generating negative population momentum. The relative stability and growth at older ages, particularly the 80 and over groups is evident by mid-century. The 'Other Christian' category, shares this population

shape but with more stability in the population momentum due to cohort flow. It should be noted here however, that the population size is considerably smaller. The younger age structure of Catholic affiliation is evident, albeit an ageing population. The continued growth of Catholicism at ages 70 years and over is also apparent, with relatively smaller population losses in the middle age groups when compared to Anglican and Congregational populations.

Of the non-Christian populations, population growth is strong at all ages for Hinduism and Judaism – both with a population age structure geared for population growth through cohort flow. That is, they exhibit an age structure and population growth indicative of strong population momentum. The age structure of Buddhism is relatively older, with stronger growth in middle and later ages relative to the younger population – when compared to other non-Christian groups. The estimated and projected growth among the female Buddhist population is particularly strong, embedded in the fact that women have historically been pivotal in the establishment and development of the Buddhist community in Australia, which has also championed female ordination (see Adam, 2000; Halafoff et al., 2018, 2022; Sneddon, 2023).

Unlike the complex dynamics at play with specific religious groups, it is clear that growth is considerable across all age groups for no religious affiliation (Fig. 2). At all key points in the age structure and for males and females, considerable growth is projected. This strong increase is driven by natural change (+ 3.5 million), net religious movement (+ 3.04 million) and net overseas migration (+2.1 million) over the 2021–2051 projection horizon.

Discussion

Our modelling reveals significant trends in the religious affiliations of older Australians up to mid-century. There has been a notable rise in those over 65 years identifying as having no religious affiliation. Among those who do hold a religious belief, there is diversification, with increases in affiliations to Islam, Hinduism, Buddhism, and Pentecostalism, though these are from a smaller base. In contrast to the broader population trends, Catholicism is still maintaining followers among older people, whereas Anglican and Congregational groups are experiencing slight declines.

These changes require religious aged care organizations and faith-based care providers, which may have historically been influenced by Christian values, to cater to clients who may be non-religious, religiously and culturally diverse, or religiously similar but culturally diverse. Meeting the needs of such a pluralistic clientele will require adjustments in both practice and policy; the implications of these shifting religious affiliations, the second question informing our investigation, are now discussed.

First, the growing number of older individuals who identify as having no religion signal an ontological shift in how religion, particularly Christian values, are assumed to influence person-centred care and wellbeing. While most of the literature has positively viewed the religion-wellbeing nexus in aged care (Ar & Karanci, 2019; Epps et al., 2019; Lifshitz et al., 2019; Lima et al., 2020; Malone & Dadswell,

2018; Quinn et al., 2012; Roff et al., 2004; Shim et al., 2013), some scholarship points to a separation of these phenomena; for example, Antoniades et al. (2022) found in their interviews with 112 Australian ethnically diverse family carers of people with dementia that religion and spirituality were inconsistently expressed as coping and comforting mechanisms, whereas past relationships, feelings of mutuality, valuing changed relationships, and enjoying spending time with the person with dementia were key ingredients for positive associations with care. Similarly, Diener et al.'s (2011) analyses of religion and wellbeing, encompassing various high-, middle-, and low-income nations, demonstrated that the connection between religion and wellbeing was influenced by factors such as social support, respect, and a sense of purpose or meaning in life.

Diener et al.'s (2011) study also showed that the relationship between religion and wellbeing was influenced by the economic prosperity of the country, with less affluent nations tending to have more religious populations. For a high-income country like Australia, this finding has implications for how religious age care providers promote and deliver their services to a growing non-religious cohort. On the one hand, diluting the religiosity of their brand might be an expedient solution to garner more clients. On the other hand, such a move undermines the genealogy of these organisations whose work in aged care is deeply rooted in faith-based, mainly Christian missions and who continue to have strong links to their Church. Ultimately, as Christianity's influence on Australia's aged care services diminishes, what values and principles will guide intergenerational care and support? The answer appears to be humanism (Blackburn, 2005), which emphasises human welfare, dignity, and autonomy and are present in Australia's new Aged Care Act (2025). In particular, there is a statement of rights that emphasises independence, empowerment, freedom of choice, and equitable access to culturally safe and appropriate high-quality care.

Taking a humanist stance may help faith-based and other providers embrace inclusivity and welcome multiple denominations, a necessary step given the growing diversity among older people with religious affiliations. This is neither about flattening out diversity nor about homogenising all people from a similar culture and religion – we caution against both these positions. Rather, there is 'diversity within diversity' and a humanist stance can give clarity to the values that encourage cross-cultural and interfaith dialogue to foster mutual understanding and respect.

Moreover, the increasing prevalence of Islam, Hinduism, and Buddhism reflects a demographic shift towards a larger cohort of older Asian-born Australians (Wilson et al., 2020). Addressing the needs of this demographic requires careful attention to their intertwined religious and cultural needs in various aspects of daily life including food practices, leisure activities, personal care, and physical and mental health supports (Temple et al., 2022). Demonstrating an understanding of this relationship through daily care practices can help providers deliver culturally safe care in practical ways and reassure older people, making them feel safe and connected to their community and care providers (Brijnath et al., 2023). Existing definitions around cultural competence are often criticised for being ambiguous and difficult to

operationalise in practice (Mollah et al., 2018), so having some knowledge of different culture-religion intersections can equip providers with the skills to negotiate and provide culturally sensitive and inclusive care that respects the diverse spiritual and religious beliefs of older individuals. Being inclusive not only ensures equitable care but also improves the financial sustainability of the organisation.

Christian aged care providers who want to preserve their religious identity will also need to adopt a holistic approach that embraces cultural diversity. Although the older Catholic population is rising and other Christian denominations remain stable, the birth countries of these religious older people are shifting away from the European origins of post-World War II cohorts traditionally served by these providers. Going forward, Catholic aged care providers will need to cater for older Catholic clients who are likely to be born in the Philippines, Brazil, and Mexico; major source countries into Australia's migration program (Wilson et al., 2020). While Catholic beliefs may be uniform across these groups, cultural practices related to diet, leisure, and care will vary considerably.

In particular, the Pentecostal community will remain important for Christian care providers as they are one of only two cohorts that will continue to grow in the decades ahead. Significantly, this upturn is driven by both natural growth and overseas migration from Africa, parts of Asia, Oceania, and Latin America where Pentecostalism has surged (Hughes, 2022). But perhaps most importantly the Pentecostal community has a much younger age profile on account of its targeting youth through non-traditional forms of worship, such as stadium style concerts, the introduction of youth pastors and social welfare programs for teens (Rocha et al., 2020). As such, by 2051 there will be a fair number of adherents transitioning into the 65+ age categories.

However, meeting the needs of non-religious, culturally and religiously diverse, or culturally diverse but religiously similar groups will pose significant challenges. Fortunately, the increasing diversity within the frontline aged care workforce, especially from countries like India, Iraq, Sudan, and the Philippines, presents opportunities to culturally match with various groups and utilise staff expertise to mitigate this challenge to some extent (Adebayo et al., 2023; Brijnath et al., 2022; Willis et al., 2018). Such an approach may also tackle the persistent 'thin market' problem cited by the Australian government to explain inadequate market provision for culturally and linguistically diverse older populations (Australian Government, 2023). For rather than viewing cultural and religious diversity as an issue that demands specific solutions tailored to particular ethnic groups, addressing diversity across all aged care services can enhance inclusivity, quality, and sustainability. Of course there is no universal solution, but comprehending these demographic and religious changes offers more nuanced insights for providers to consider when planning for sustainable delivery of quality aged care services.

Finally, our findings have implications for how government and regulators assess the implementation of aged care standards, which actively encourage providers to demonstrate how they support the spiritual needs of their clients. It may be that over time, the directive to consider spirituality is replaced by other measures such as social support, respect, and ensuring older clients have purpose in life (though these

are subjective and difficult constructs to operationalise). In terms of policy investment, diverse community-based care models should be supported, including models targeted at older Australians with no religious affiliations.

Limitations

The limitations of this study include an assumption of constant religious prevalence rates for new entrants to the population, although these rates change across the projection horizon. Moreover, babies born within the projection period are assumed to have the same religious affiliation as their mothers. However, these prevalence rate changes dynamically within the model. Moreover, given the focus of this paper on projections of the older population's religious affiliation, the affiliation of the younger population does not affect the religious affiliation of the older population due to the projection horizon employed in this study. We also assumed relatively conservative national-level fertility, mortality and net overseas migration rates which were the same as, or similar to, those of the Australian Governments Centre for Population, and inevitably these assumptions will be subject to error. While we have created plausible rates of religious affiliation and religious movement, they remain estimates and are unavoidably approximate.

Conclusion

Our study shows that by mid-century, there will be a major transformation in the Australian aged care landscape from a majority Christian-affiliated sector servicing a majority Christian-population to a majority Christian-affiliated sector servicing a religiously pluralist population. How organisations will adapt to these changes, ensure their financial viability, and balance the needs of different denominations with their Christian roots and links with their Churches remains to be seen. Careful qualitative exploration of these issues as they unfold is needed to document the negotiation, innovations, and adaptations made. Future research should focus on such issues.

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Data Availability Data for this study are freely available from the [ARC Centre of Excellence in Population Ageing Research Population Futures] Data Archive at [https://www.cepar.edu.au/cepar-population-ageing-projections].

Declarations

Competing interests The authors have no competing interests to declare that are relevant to the content of this article.

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