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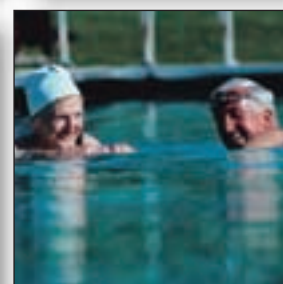
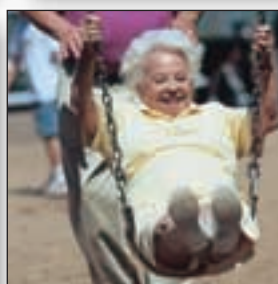
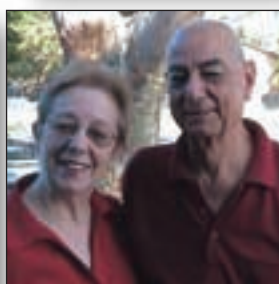


Department  
of Ageing,  
Disability &  
Home Care

# Older People

New South Wales

2004





# **Older People New South Wales 2004**

John Struik  
Regional Director

AUSTRALIAN BUREAU OF STATISTICS

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## PREFACE

*Older People, NSW, 2004* is a joint publication by the Australian Bureau of Statistics (ABS) and the NSW Department of Ageing, Disability and Home Care (DADHC). It is the third in a series of publications on older people, following *Older People in NSW: A Profile, 1995* and *Older People, NSW, 2000*.

The publication draws on data from ABS and non-ABS surveys and collections, presenting a snapshot of the social and economic position of people aged 65 years and over in New South Wales (NSW).

Older people form a larger proportion of the NSW population than in previous decades and this proportion is projected to increase. People aged 65 years and over are a diverse group, with many involved in the community in a range of activities. Most consider themselves in good health, although increasing age does bring with it a greater risk of frailty and poor health.

The vast majority of older people live in private dwellings with only six per cent in residential care. While around three-quarters of this age group are reliant on the age pension for income, their high levels of home ownership mean they have higher assets than younger age groups. Mobility is very important for older people to maintain independence and to participate in social and community life. As they have lower car ownership than younger age groups, access to public transport becomes more significant.

The NSW Government is developing the *Healthy Ageing Framework* policy and planning strategy, 2004–2009, to provide a focus on the needs of older people across all government and community services. The pillars of this Framework are: Mobility, Location, Health and Support, Financial Security and Identity and Productive Occupation. This publication provides a rich source of information about each of these issues. The picture emerging is one of older people engaged with life, actively pursuing their interests, and contributing to the social capital on which the whole community depends.

We are particularly proud of the partnership that has produced this publication and we acknowledge the work of the staff from the NSW Office of the ABS and the Office for Ageing in DADHC.

ABS publications draw extensively on information provided freely by individuals, businesses, governments and other organisations. We extend our thanks and appreciation to those who have kindly supplied material for this publication.

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Department of Ageing, Disability and  
Home Care

## LIST OF SYMBOLS AND ABBREVIATIONS

### ABBREVIATIONS

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
BMI	Body Mass Index
cat.	catalogue
CCS	Child Care Survey
CSS	Crime and Safety Survey
DADHC	NSW Department of Ageing, Disability and Home Care
ERP	Estimated Resident Population
FaCS	Australian Government Department of Family and Community Services
GSS	General Social Survey
HACC	Home and Community Care
HTS	Household Travel Survey
ICD	International Classification of Diseases
ISC	Inpatient Statistics Collections
LFS	Labour Force Survey
MDS	Minimum Dataset
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
no.	number
NSW	New South Wales
RSE	Relative standard error
RTA	NSW Roads and Traffic Authority
SD	Statistical Division
SDAC	Survey of Disability, Ageing and Carers
SE	Standard error
SEAS	Survey of Employment Arrangements and Superannuation
SIHC	Survey of Income and Housing Costs
SLA	Statistical Local Area
SMHWB	Survey of Mental Health and Wellbeing of Adults
SSD	Statistical Subdivision
TUS	Time Use Survey
WHO	World Health Organisation

### SYMBOLS

'000	thousand
%	percentage
*	this estimate has a relative standard error between 25% and 50% and should be used with caution
**	this estimate has a relative standard error greater than 50% and is considered too unreliable for general use
-	when used in tables indicates nil or has been rounded to zero
. .	when used in tables indicates not applicable
kg	kilograms



SYMBOLS *continued*

m	metres
min	minutes
ml	millilitre
n.a.	not available
nec	not elsewhere classified

ROUNDING

Where figures have been rounded, discrepancies may occur between the sums of component items and totals.

APPLICABILITY

Unless otherwise stated all tables, graphs, data and text in this document relate to older people – those aged 65 years and over – in New South Wales (NSW).



## CHAPTER 1

## POPULATION

### INTRODUCTION

The population of New South Wales (NSW) is ageing and this trend is expected to continue. By 2016, the older population (people aged 65 years and over) is expected to outnumber the younger population (people aged 0–14 years) for the first time in the history of NSW.

### CHARACTERISTICS OF THE OLDER POPULATION

Estimated resident population In 2003, there were 889,500 older people in NSW, 13% of the state's population. Reflecting the longer life expectancy of women, there were more older women (495,100) than men (394,400), and this disparity increased with age. There were 101,400 persons aged 85 years and over, of whom 69% were women.

#### 1.1 POPULATION(a), By age and sex—30 June 2003

Age group (years)	Males		Females		Persons		Females(b)	Older persons(c)
	'000	%	'000	%	'000	%	%	%
0–14	684.7	20.6	649.0	19.3	1 333.7	19.9	48.7	..
15–24	462.1	13.9	442.6	13.2	904.7	13.5	48.9	..
25–34	485.6	14.6	489.6	14.6	975.1	14.6	50.2	..
35–44	501.5	15.1	501.0	14.9	1 002.6	15.0	50.0	..
45–54	450.0	13.5	451.1	13.4	901.1	13.5	50.1	..
55–64	343.9	10.4	336.3	10.0	680.2	10.2	49.4	..
65–69	122.1	3.7	126.3	3.8	248.3	3.7	50.8	27.9
70–74	105.1	3.2	115.6	3.4	220.7	3.3	52.4	24.8
75–79	84.0	2.5	105.1	3.1	189.1	2.8	55.6	21.3
80–84	51.7	1.6	78.3	2.3	130.0	1.9	60.2	14.6
85 and over	31.6	1.0	69.8	2.1	101.4	1.5	68.9	11.4
<b>Total</b>	<b>3 322.1</b>	<b>100.0</b>	<b>3 364.7</b>	<b>100.0</b>	<b>6 686.8</b>	<b>100.0</b>	<b>50.3</b>	<b>..</b>
<i>Total aged 65 years and over</i>	<i>394.4</i>	<i>11.9</i>	<i>495.1</i>	<i>14.7</i>	<i>889.5</i>	<i>13.3</i>	<i>55.7</i>	<i>..</i>

(a) Data are preliminary.

(b) Percentage of each age group that is female.

(c) Percentage of the older population that are in each age group.

Source: ABS, *Population by Age and Sex, New South Wales, June 2003* (cat. no. 3235.1.55.001).

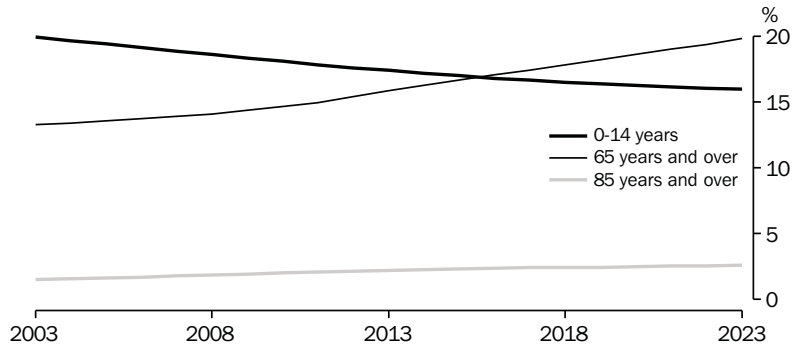
An ageing population The population is ageing both numerically (the increase in the number of older people), and structurally (the increase in the proportion of older people). The current demographic influences on the ageing of the population include sustained low fertility, increasing life expectancy, and the ageing of the baby boomer generation – these factors being moderated by the levels and composition of migration.

An ageing population  
*continued*

On the basis of ABS series II assumptions, the older population in NSW is projected to increase to 20% of the population by 2023. The proportion of people aged 85 years and over will also increase.

Over the same period, the percentage of younger people, aged 0–14 years, is expected to decrease from 20% to 16% of the population.

### 1.2 PROJECTED POPULATION, By selected age groups



Source: ABS data available on request, Population Projections by Capital City/Balance of State, 2002–2051.

### 1.3 PROJECTED POPULATION(a), By age

	0–14 years		15–64 years		65 years and over		85 years and over		Total '000
	'000	%	'000	%	'000	%	'000	%	
2003	1 333.7	19.9	4 470.9	66.8	890.2	13.3	101.6	1.5	6 694.8
2008	1 298.8	18.6	4 698.1	67.3	984.0	14.1	130.5	1.9	6 980.9
2013	1 260.7	17.4	4 835.5	66.8	1 147.8	15.8	160.9	2.2	7 244.1
2018	1 237.9	16.5	4 920.6	65.7	1 335.9	17.8	181.8	2.4	7 494.3
2023	1 234.1	16.0	4 964.3	64.2	1 530.8	19.8	203.1	2.6	7 729.1

(a) Based on ABS population projections series II.

Source: ABS data available on request, Population Projections by Capital City/Balance of State, 2002–2051.

**Life expectancy** Life expectancy is a measure of the average number of years a person of a given age and sex might expect to live if current prevailing death rates continue throughout their lifetime.

In 2002, life expectancy at age 65 years was 17.3 years for males and 20.8 years for females. Since 1982, at 65 years of age, males have gained 3.7 years of life expectancy and females 3.0 years.

In 2002, males aged 85 years might still expect to live on average another 5.6 years and females 6.8 years.

#### 1.4 LIFE EXPECTANCY, By age and sex

Age (years)	2000–02(a)		Change since 1982	
	Males	Females	Males	Females
	years	years	years	years
0	77.3	82.6	6.4	4.7
5	72.8	78.1	5.9	4.3
15	62.9	68.1	5.7	4.3
25	53.4	58.3	5.4	4.2
35	43.9	48.5	5.4	4.1
45	34.6	38.9	5.3	3.9
55	25.5	29.6	4.7	3.6
65	17.3	20.8	3.7	3.0
75	10.4	13.0	2.3	2.1
85	5.6	6.8	0.8	0.9
95	3.2	3.6	0.0	0.2

(a) From 1994 onwards life expectation data are calculated over a three year period.

Source: ABS data available on request, Demography.

#### CULTURAL DIVERSITY

Overseas born population In 2001, 28% of older people were born overseas. By country, the largest number (67,200 persons) were born in the United Kingdom – eight per cent of older people. For non-English speaking countries most were born in Italy (24,900), China (12,500) and Greece (11,700).

Due to the different patterns of migrants to Australia, some overseas born populations have an older age profile. For example, 41% of people born in Italy were aged 65 years and over. Similar older groups include those born in Poland (38%), Netherlands (33%) and Greece (32%). This is a reflection of the high levels of immigration from these countries immediately after World War II, which has not been sustained by more recent immigration.

### 1.5 BIRTHPLACE(a)—7 August 2001

Country of birth	65 years and over		85 years and over		Total persons
	'000	%	'000	%	'000
Australia(b)	535.9	64.7	61.0	67.2	4 450.8
Born overseas					
United Kingdom	67.2	8.1	9.0	9.9	275.1
Italy	24.9	3.0	1.7	1.9	60.7
China(c)	12.5	1.5	1.1	1.2	85.4
Greece	11.7	1.4	0.7	0.8	36.9
Germany	8.2	1.0	0.6	0.6	31.6
New Zealand	6.9	0.8	0.9	1.0	105.7
Netherlands	6.8	0.8	0.6	0.6	20.3
Poland	6.4	0.8	0.6	0.7	16.9
Lebanon	5.0	0.6	0.3	0.3	53.2
Malta	4.7	0.6	0.3	0.3	18.4
Egypt	4.2	0.5	0.3	0.4	17.3
Viet Nam	4.2	0.5	0.3	0.3	63.0
Other overseas	71.0	8.6	5.8	6.4	683.9
<b>Total</b>	<b>233.7</b>	<b>28.2</b>	<b>22.1</b>	<b>24.4</b>	<b>1 468.3</b>
Not stated(d)	58.9	7.1	7.6	8.4	392.1
<b>Total</b>	<b>828.5</b>	<b>100.0</b>	<b>90.8</b>	<b>100.0</b>	<b>6 311.2</b>

(a) Excludes overseas visitors.

(b) Includes Australian External Territories.

(c) Excludes Special Administrative Regions and Taiwan Province.

(d) Includes 'Inadequately described', 'At sea', and 'Not elsewhere classified'.

Source: ABS data available on request, 2001 Census of Population and Housing.

Language spoken at home The older population is linguistically and culturally diverse, and the maintenance of languages other than English is important in retaining cultural identity.

Lack of proficiency in spoken English, however, has the potential to restrict community involvement and access to services.

Apart from English, the languages most commonly spoken by the older population in 2001 were Italian (25,700 persons), Greek (14,700) and Cantonese (10,600).

The level of English language skills varied by cultural background. Of the older people who spoke a language other than English at home, 43% reported that they spoke English 'Not well' or 'Not at all'. Older people who spoke Cantonese or Mandarin at home were the most likely to speak English 'Not well' or 'Not at all'.

1.6 LANGUAGE SPOKEN AND PROFICIENCY IN ENGLISH OF OLDER PEOPLE(a)—7 August 2001

	<i>Language, other than English, spoken at home</i>	<i>Proportion who spoke English 'Not Well/Not at all'</i>
<i>Language other than English spoken at home</i>	'000	%
Italian	25.7	36.5
Greek	14.7	45.5
Cantonese	10.6	77.1
Arabic(b)	7.4	52.2
German	6.6	5.2
Polish	4.4	27.3
Spanish	4.4	56.4
Netherlandic	3.8	4.1
Mandarin	3.7	79.1
Maltese	3.7	20.0
Remaining languages other than English	42.8	44.5
<b>Total</b>	<b>127.9</b>	<b>43.1</b>

(a) Excludes 'Overseas visitors', 'Not stated' and 'Inadequately described'.

(b) Includes Lebanese.

Source: ABS data available on request, 2001 Census of Population and Housing.

Aboriginal and Torres Strait Islander distribution

The Aboriginal and Torres Strait Islander population is somewhat younger than the total population. In 2001, three per cent (3,900 persons) of the Aboriginal and Torres Strait Islander population were aged 65 years and over, compared with 13% of the total NSW population. The proportion of older people within the Aboriginal and Torres Strait Islander population was fairly consistent across Statistical Divisions in NSW.

1.7 ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION(a)—June 2001

<i>Statistical Division</i>	<i>0–14 years</i>	<i>15–44 years</i>	<i>45–64 years</i>	<i>65 years and over</i>	<i>All persons</i>	<i>65 years and over as a proportion of all persons</i>	
						'000	%
Sydney	16.5	20.5	5.5	1.3	43.9	3.0	
Hunter	5.4	6.1	1.6	0.3	13.4	2.5	
Illawarra	3.5	3.7	1.0	0.3	8.5	3.2	
Richmond-Tweed	2.8	3.0	0.8	0.2	6.8	2.6	
Mid-North Coast	4.8	4.9	1.4	0.3	11.4	3.0	
Northern	5.5	6.0	1.7	0.4	13.7	3.0	
North Western	6.0	6.3	1.9	0.5	14.7	3.1	
Central West	3.0	3.2	0.9	0.2	7.3	2.5	
South Eastern	1.8	2.1	0.6	0.1	4.7	2.5	
Murrumbidgee	2.4	2.5	0.6	0.1	5.6	2.6	
Murray	1.1	1.2	0.4	0.1	2.8	3.3	
Far West	0.9	1.0	0.3	0.1	2.2	2.7	
<b>New South Wales(b)</b>	<b>53.7</b>	<b>60.5</b>	<b>16.8</b>	<b>3.9</b>	<b>134.9</b>	<b>2.9</b>	

(a) Experimental Indigenous estimated resident population based on the 2001 Census of Population and Housing.

(b) Includes Lord Howe Island.

Source: ABS data available on request, Australian Demographic Statistics, September 2002.

## CHAPTER 2

## LIVING ARRANGEMENTS

### INTRODUCTION

As people age, they often experience changes in their living arrangements, including living as a couple, living with others (family or non-family), living alone or living in a residential aged care facility. Most older people continue to live in their own home, making use of aged care assistance packages or support from families and friends as needed.

### RELATIONSHIPS IN HOUSEHOLDS

Most older people live with someone else, usually relatives and close family members. On census night, 7 August 2001, 788,100 older people were counted at home in New South Wales (NSW). Of these:

- 63% (493,200 persons) lived with family members
- 53% (414,700) lived with their partner – of whom 332,100 lived with their partner only
- 10% (78,500) lived with family members but not with their partner
- 26% (208,000) lived alone
- 6% (50,700) lived in non-private dwellings – of whom 45,700 lived in cared accommodation.



## 2.1 LIVING ARRANGEMENTS OF OLDER PEOPLE(a)—7 August 2001

<i>Household composition(b)</i>	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	'000	%	'000	%	'000	%
<b>In private dwellings</b>						
Living with partner						
With partner only	185.4	53.9	146.8	33.0	332.1	42.1
With partner and children	37.4	10.9	21.7	4.9	59.1	7.5
With partner and children's family	8.2	2.4	5.9	1.3	14.1	1.8
With partner and others	5.5	1.6	3.9	0.9	9.4	1.2
<i>Total</i>	236.4	68.7	178.3	40.1	414.7	52.6
Living with children, but not partner						
With children only	6.3	1.8	26.7	6.0	33.0	4.2
With children's family	5.3	1.5	21.7	4.9	26.9	3.4
With children and others	0.6	0.2	2.1	0.5	2.7	0.3
<i>Total</i>	12.2	3.5	50.4	11.4	62.6	7.9
Living with others, but not partner or children						
With grandchildren	0.6	0.2	3.0	0.7	3.6	0.5
With parents	0.5	0.2	0.7	0.2	1.3	0.2
With other relatives	4.4	1.3	6.6	1.5	11.0	1.4
With unrelated people only	7.8	2.3	7.6	1.7	15.3	1.9
<i>Total</i>	13.2	3.9	18.0	4.0	31.2	4.0
Living alone	57.9	16.8	150.1	33.8	208.0	26.4
<i>Total in private dwellings(c)</i>	329.1	95.7	408.1	91.9	737.3	93.6
<b>In non-private dwellings</b>						
Resident of cared accommodation(d)	12.4	3.6	33.3	7.5	45.7	5.8
Resident of other non-private dwelling	1.5	0.4	1.3	0.3	2.8	0.4
<i>Total in non-private dwellings(e)</i>	14.8	4.3	36.0	8.1	50.7	6.4
<b>Total</b>	<b>343.9</b>	<b>100.0</b>	<b>444.1</b>	<b>100.0</b>	<b>788.1</b>	<b>100.0</b>

(a) Excludes visitors and persons in migratory and off-shore collection districts.

(b) Non-relatives may also be present in all households except those specified as 'With partner only' and 'With children only'.

(c) Includes persons in 'not classifiable' households.

(d) Comprises persons living in hospitals, nursing homes, cared accommodation for the retired/aged, hostels for the disabled, childcare institutions and other welfare institutions.

(e) Includes persons who were staff/family of staff and those who did not specify their relationship in the non-private dwelling.

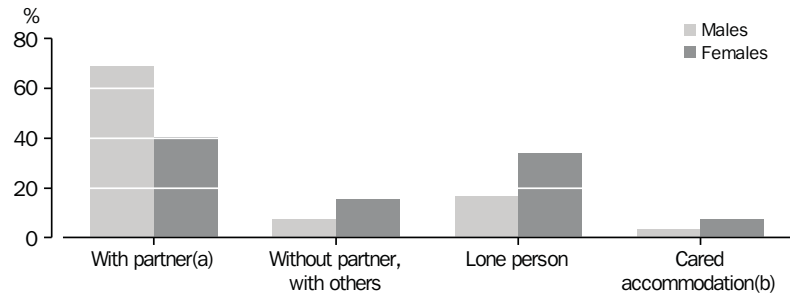
Source: ABS data available on request, 2001 Census of Population and Housing.

**Sex** Women generally live longer than men and they tend to outlive their partners. This leads to differences in living arrangements between older men and women.

Most older men lived with their partner (69%), with a smaller number living alone (17%) or with others (7%) in a private dwelling. In contrast, only 40% of older women lived with their partner. A higher percentage of older women lived alone (34%) or with others (15%) in a private dwelling.

Reflecting longer life expectancy, a higher percentage of older women (7%) than men (4%) were residents of cared accommodation.

2.2 LIVING ARRANGEMENTS OF OLDER PEOPLE, By sex—2001



(a) Includes with partner only and with partner and others.

(b) Comprises persons living in hospitals, nursing homes, cared accommodation for the retired/aged, hostels for the disabled, childcare institutions and other welfare institutions.

Source: ABS, unpublished data, 2001 Census of Population and Housing.

**Age** As people age, their living arrangements may change, often reflecting the loss of their partner and an increased need for help from others. By age 85 years and over, a higher percentage of older people will be living alone (34%) or with others who are not their partner (16%).

Most people are able to continue living independently in their own homes; however, as they age their need for assistance increases. While this assistance is often obtained from families, friends or community and government organisations, some people need to move out of their home into some form of supported accommodation.

In 2001, the percentage of older people living in non-private dwellings increased with age from 2% for those aged 65–74 years to 28% for those aged 85 years and over.

### 2.3 LIVING ARRANGEMENTS(a), By age—7 August 2001

	65–74 years	75–84 years	85 years and over	65 years and over	85 years and over
<i>Household composition(b)</i>	%	%	%	'000	'000
In private dwellings					
Living with partner	64.0	45.7	19.4	414.7	16.7
Living with others, but not partner	10.4	12.7	16.4	93.8	14.2
Living alone	20.8	32.5	34.2	208.0	29.5
<i>Total in private dwellings(c)</i>	98.2	93.3	71.5	737.3	61.7
In non-private dwellings					
In cared accommodation					
Resident of nursing home	0.7	3.5	15.2	26.1	13.1
Resident of cared accommodation for the retired/aged	0.4	2.3	10.6	17.2	9.1
Resident of other cared accommodation(d)	0.2	0.3	1.0	2.4	0.9
Resident of other non-private dwelling	0.3	0.3	0.6	2.8	0.5
<i>Total in non-private dwellings(e)</i>	1.8	6.7	28.5	50.7	24.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>788.1</b>	<b>86.3</b>

(a) Excludes visitors and persons in migratory and off-shore collection districts.

(b) Non-relatives may also be present in all households except those specified as 'With partner only' and 'With children only'.

(c) Includes persons in 'not classifiable' households.

(d) Comprises persons living in hospitals, hostels for the disabled, childcare institutions and other welfare institutions.

(e) Includes persons who were staff/family of staff and those who did not specify their relationship in the non-private dwelling.

Source: ABS data available on request, 2001 Census of Population and Housing.

Regions of the state    Remoteness areas describe the distance between where people live and where they travel to obtain goods and services. There was little difference in the living arrangements of older people based on their remoteness area.

### 2.4 LIVING ARRANGEMENTS OF OLDER PEOPLE(a), By Remoteness Areas—7 August 2001

<i>Household composition(b)</i>	Units	Major Cities	Inner Regional	Outer Regional, Remote and Very Remote	Total NSW
In private dwellings					
Living with partner	%	51.3	55.4	55.6	52.6
Living with others, but not partner	%	13.1	9.2	9.9	11.9
Living alone	%	25.9	27.5	27.1	26.4
<i>Total in private dwellings(c)</i>	%	93.4	93.6	94.7	93.6
In non-private dwellings					
Resident of cared accommodation(d)	%	5.9	5.8	4.7	5.8
Resident of other non-private dwelling	%	0.4	0.3	0.4	0.4
<i>Total in non-private dwellings(e)</i>	%	6.6	6.4	5.3	6.4
<b>Total</b>	<b>'000</b>	<b>536.3</b>	<b>181.1</b>	<b>70.6</b>	<b>788.1</b>

(a) Excludes visitors and persons in migratory and off-shore collection districts.

(b) Non-relatives may also be present in all households except those specified as 'With partner only' and 'With children only'.

(c) Includes persons in 'not classifiable' households.

(d) Comprises persons living in hospitals, nursing homes, cared accommodation for the retired/aged, hostels for the disabled, childcare institutions and other welfare institutions.

(e) Includes persons who were staff/family of staff and those who did not specify their relationship in the non-private dwelling.

Source: ABS data available on request, 2001 Census of Population and Housing.

## LOCATION

Regional distribution In 2002, 13% of persons in NSW were aged 65 years and over. The Statistical Divisions (SDs) with the highest percentage of older persons were the Mid-North Coast (18%), Richmond-Tweed (17%) and the Far West (17%). Sydney, which had the majority of the state's population, also had the lowest proportion of older people.

The older population is projected to increase to 16% of the population by 2014, based on ABS series II assumptions. In 2014, all SDs outside of Sydney are projected to have a higher proportion of older people than the state average. SDs where the percentage of older people is projected to be well above the average for the state are the Mid-North Coast (23%), Far West (22%), Richmond-Tweed (21%) and the Murray (20%).

### 2.5 NEW SOUTH WALES POPULATION

Statistical Division	2002(a)			2014(b)		
	65 years and over '000	All persons '000	65 years and over as a proportion of all persons %	65 years and over '000	All persons '000	65 years and over as a proportion of all persons %
Sydney	496.6	4 167.0	11.9	668.2	4 647.1	14.4
Hunter	90.2	594.5	15.2	124.1	645.6	19.2
Illawarra	61.8	404.6	15.3	86.0	445.4	19.3
Richmond-Tweed	37.9	218.8	17.3	50.9	242.2	21.0
Mid-North Coast	52.2	284.2	18.4	72.2	313.2	23.1
Northern	25.3	180.3	14.0	33.2	178.4	18.6
North Western	15.4	119.5	12.9	20.5	119.9	17.1
Central West	25.2	178.4	14.1	33.6	186.4	18.0
South Eastern	29.3	195.7	15.0	42.8	221.3	19.3
Murrumbidgee	20.2	152.9	13.2	25.7	156.5	16.5
Murray	17.1	114.0	15.0	23.0	117.2	19.6
Far West	4.0	24.2	16.7	4.7	21.7	21.7
New South Wales(c)	875.1	6 634.1	13.2	1 184.9	7 295.0	16.2

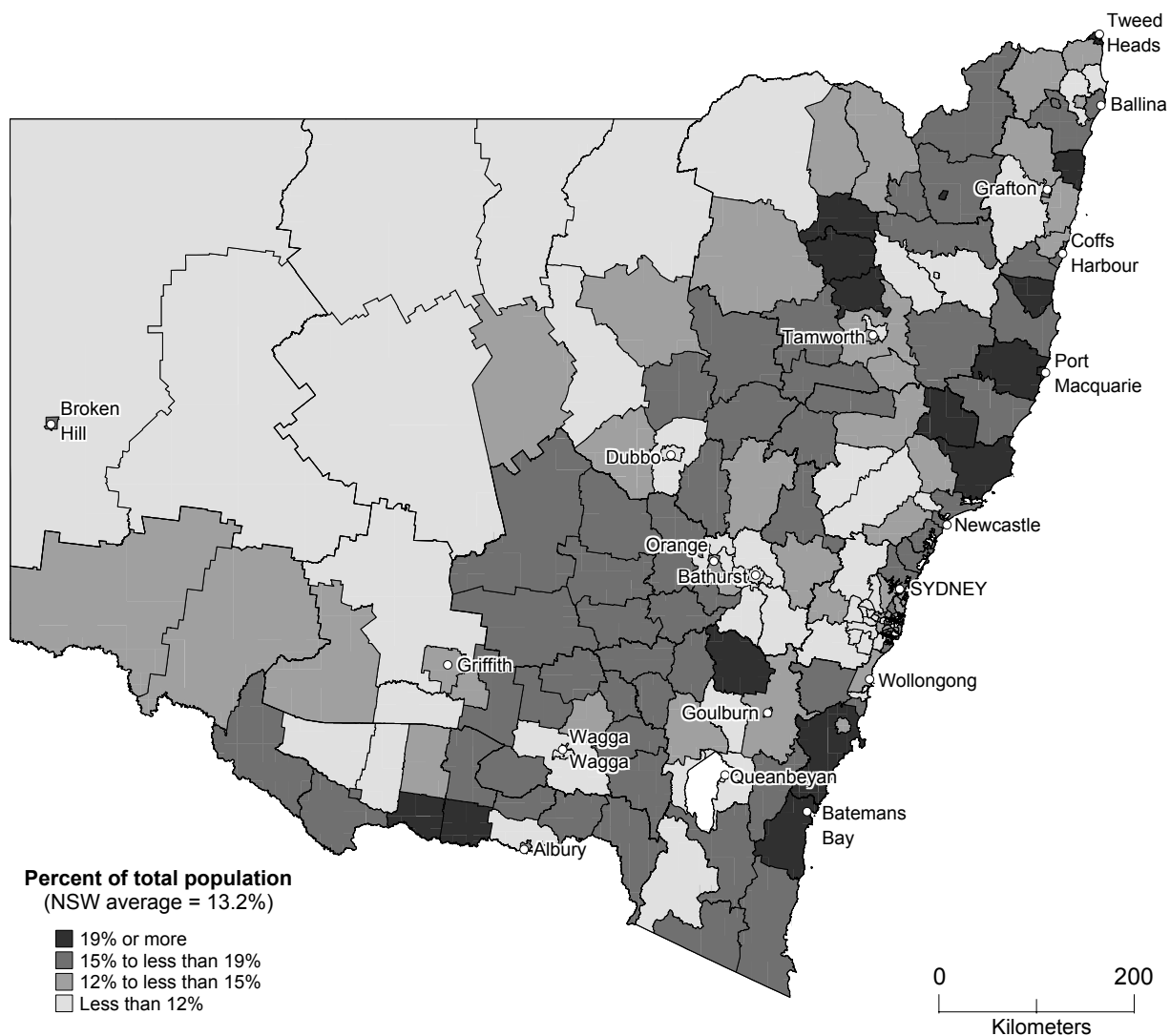
(a) Estimated Resident Population.

(b) Projected population based on series II assumptions.

(c) Excludes off-shore areas and migratory.

Source: ABS data available on request, 2002 New South Wales Estimated Resident Population; ABS data available on request, Population Projections, 2002 to 2101.

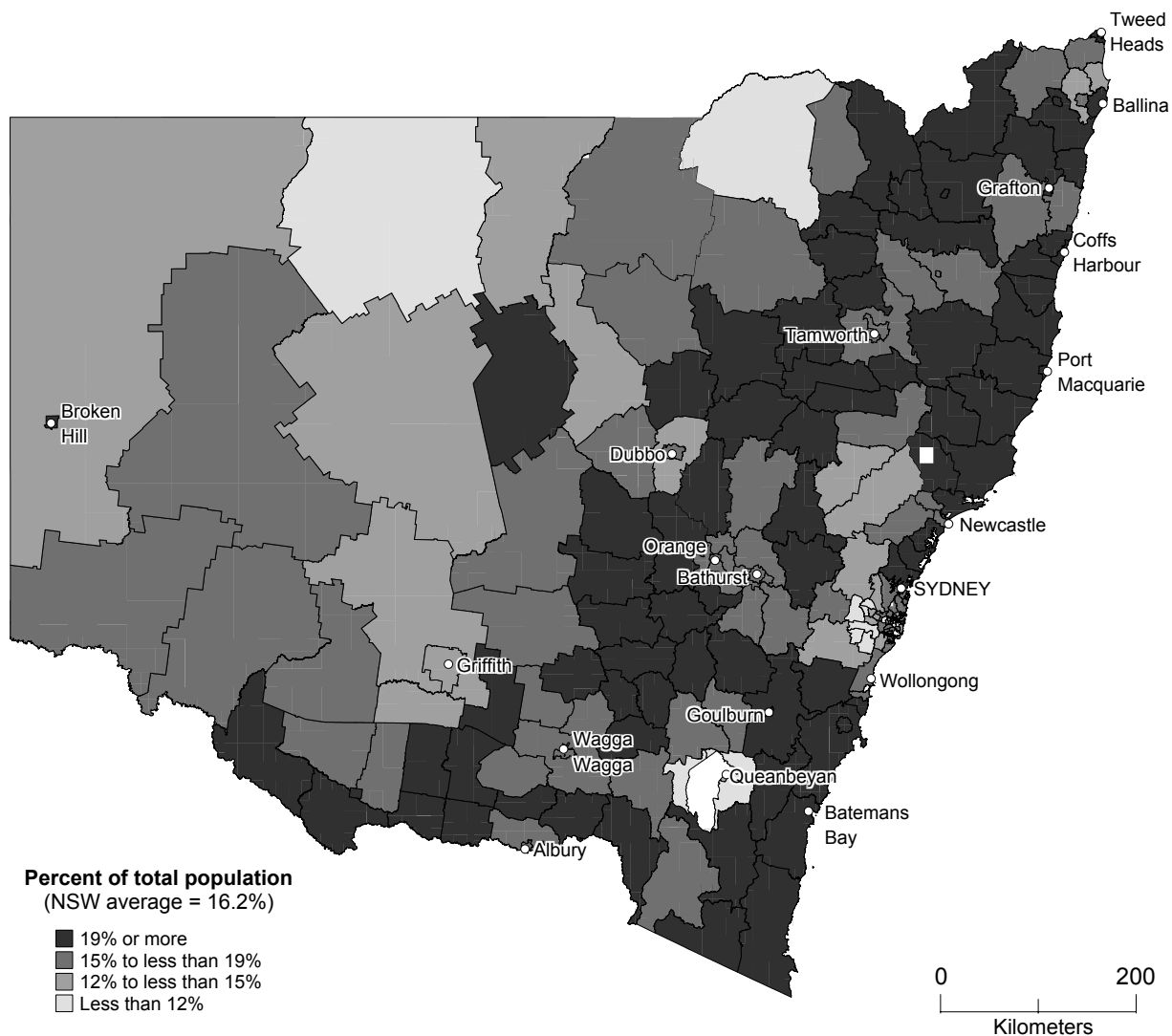
2.6 PROPORTION OF NSW POPULATION AGED 65 YEARS AND OVER(a)—2002



(a) Mapped by statistical local area.

Source: ABS data available on request, 2002 New South Wales Estimated Resident Population.

2.7 PROPORTION OF NSW POPULATION AGED 65 YEARS AND OVER(a)(b)—2014



(a) Mapped by statistical local area.

(b) Projected population based on series II assumptions.

Source: ABS data available on request, *Population Projections, 2002 to 2101*.

Changing residence In 2001, 19% of older people reported that they had moved residence in the last five years. Of these moves, two-fifths were within the same Statistical Local Area (SLA) and just under a half from elsewhere in NSW.

2.8 MOVED RESIDENCE, One and five years ago(a)(b)(c)—7 August 2001

<i>Movement class</i>	<i>One year ago</i>	<i>Five years ago</i>
	<i>%</i>	<i>%</i>
Did not move	87.7	75.7
Moved	6.1	18.7
From elsewhere within same SLA	3.1	7.6
From elsewhere in NSW	2.3	8.8
From interstate	0.4	1.2
From overseas	0.3	1.1
Not stated	6.2	5.5
<i>Total</i>	<i>100.0</i>	<i>100.0</i>

(a) Excludes overseas visitors.

(b) Data based on place of usual residence.

(c) Excludes usual residents of non-private dwellings.

Source: ABS data available on request, 2001 Census of Population and Housing.

CRIME AND SAFETY

The level of crime is an indicator of community wellbeing, and is of ongoing interest both to governments looking to reduce crime and to people trying to manage the daily circumstances of their lives.

Personal crime Victimization rates for personal crime varied according to age. The highest victimisation rate was among 15–24 year olds (9%).

2.9 VICTIMS OF PERSONAL CRIME(a)(b)—April 2003

<i>Age group (years)</i>	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	<i>Number</i>	<i>Victimisation rate(c)</i>	<i>Number</i>	<i>Victimisation rate(c)</i>	<i>Number</i>	<i>Victimisation rate(c)</i>
	<i>'000</i>	<i>%</i>	<i>'000</i>	<i>%</i>	<i>'000</i>	<i>%</i>
15–24	54.3	11.8	28.2	6.4	82.5	9.1
25–34	34.8	7.0	27.3	5.5	62.1	6.2
35–44	25.5	5.1	15.2	3.1	40.7	4.1
45–54	*11.3	*2.5	12.4	2.8	23.7	2.7
55–64	*8.7	*2.6	*7.4	*2.3	16.0	2.4
65 and over	*2.9	*0.8	*4.3	*1.0	*7.2	*0.9
<b>Total</b>	<b>137.4</b>	<b>5.3</b>	<b>94.8</b>	<b>3.6</b>	<b>232.3</b>	<b>4.5</b>

(a) Robbery, assault or sexual assault.

(b) Excludes usual residents of non-private dwellings.

(c) Percentage of all persons.

Source: Crime and Safety, New South Wales, April 2003 (cat. no. 4509.1).

Feelings of safety at home    The feelings people have of safety, or lack of safety, when alone at home often relate to their: perceptions of crime levels in their vicinity; previous experience as a victim of assault or household break-in; relationships with people living nearby; sense of their own strength and capacity to be in control; and level of trust in their local community.

Around 58% of older people felt safe or very safe at home alone after dark in NSW. However, 8% of older males and 15% of older females felt unsafe or very unsafe. There was no significant difference between older people feeling very unsafe/unsafe and the general population.

2.10 FEELINGS OF SAFETY AT HOME ALONE AFTER DARK(a)—April 2002

	<i>Units</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
65 years and over				
Very safe/Safe	%	64.8	52.8	58.3
Very unsafe/Unsafe	%	8.4	14.8	11.8
Total	'000	371.0	434.5	805.5
All persons				
Very safe/Safe	%	74.7	57.6	66.0
Very unsafe/Unsafe	%	6.7	14.9	10.9
Total	'000	2 537.9	2 597.5	5 135.4

(a) Persons aged 15 years and over who were usual residents of private dwellings.

Source: ABS data available on request, National Crime and Safety Survey, April 2002.



## CHAPTER 3

## SKILLS, INTERESTS AND COMMUNITY PARTICIPATION

### INTRODUCTION

Improved life expectancy means that many older people have more opportunities to participate in community life. Traditional notions about older age and retirement are changing as the activities older people engage in change and develop.

Older people's activities and lifestyles are likely to be influenced by their altered commitments to work and family, their changed financial and health circumstances and the opportunities available to them in their communities.

The level and types of activity older people undertake are important to maintaining their health, wellbeing and their quality of life.

### SOCIAL INTERACTION

Relationships and networks are at the core of society and are essential to individual wellbeing. There is growing exploration of the ways in which social attachment may contribute to positive outcomes for individuals in areas such as health and employment, and for communities by creating safer environments.

#### Contact with family or friends

In 2002, most older people (93%) reported having contact in the previous week with family or friends with whom they did not live (either in person or via telephone, mail or e-mail). The percentage of older persons reporting contact was similar for both men and women, and similar between age groups.

#### 3.1 CONTACT WITH FAMILY OR FRIENDS(a)(b)

	45–54 years	55–64 years	65 years and over	All persons(c)
	%	%	%	%
Males	94.1	95.0	92.3	94.6
Females	95.4	95.4	93.6	95.0
Persons	94.8	95.2	93.0	94.8

(a) Where contact was with family or friends living outside the household, and contact was during the week prior to the survey.

(b) Only people who were usual residents of private dwellings were covered by the survey.

(c) Aged 18 years and over.

Source: *General Social Survey, New South Wales, 2002 (cat. no. 4159.1.55.001)*.

#### Support provided to other relatives outside the household

Older people remained an important source of support to relatives living outside their households. This included financial, material and personal support. About 20% of all older people (or their partners) provided support to other relatives living outside the household, compared with 28% of all persons.

#### Grandparents as carers

In 2002, over 487,100 children aged 0–11 years (47%) used some form of child care.

Grandparents as carers  
*continued*

Grandparents are important providers of child care. About half of those children receiving informal child care were cared for by their grandparents. Grandparents provided care for 18% of all children aged 0–11 years. Grandparents provided an average of 8 hours of child care a week.

### 3.2 GRANDPARENTS AS CARERS—2002

Type of care(a)	Number of Children	Proportion of Children	Median weekly hours of care
	'000	%	no.
Formal care	245.9	23.5	12.0
Informal care			
Grandparent	189.2	18.1	8.0
Total informal care	337.0	32.2	8.0
Children who used formal and/or informal care	487.1	46.5	12.0
<b>All children aged 0–11 years old</b>	<b>1 047.2</b>	<b>100.0</b>	<b>..</b>

(a) Children could use more than one type of care and hours relate to the total hours spent in the type of care category.

Source: *Child Care, Australia, 2002 (cat. no. 4402.0)*.

Time spent alone and with others

The amount of time spent with others or alone is greatly influenced by an individual's living arrangements. In 1997, older people who lived with a partner spent 90% of their waking hours with another person. However, older people who lived alone spent much of their time alone, spending only 22% of their time with another person.

### 3.3 TIME SPENT BY OLDER PEOPLE(a)—1997

Living arrangement	Alone	With family in household(b)	With family not in household	With friends only	With others(c)	Total minutes
	%	%	%	%	%	
Alone	77.8	..	8.4	9.8	4.0	953
With partner only	9.6	79.8	*1.2	2.6	6.8	913
With others(d)	12.0	71.0	*2.2	*2.7	12.1	921
<b>Total</b>	<b>31.3</b>	<b>53.1</b>	<b>3.7</b>	<b>4.8</b>	<b>7.1</b>	<b>927</b>

(a) Time per day. Excludes time sleeping.

(b) Includes family living in and outside the household present together.

(c) Includes family and friends present together.

(d) Excludes partner only.

Source: ABS data available on request, *Time Use Survey, 1997*.

SOCIAL AND COMMUNITY  
ACTIVITIES

Older people are involved in a wide range of social and community activities. As people age and become less involved in the labour force, they may have more opportunities for recreation and voluntary activities than are available to other age groups. On the other hand, ageing may lead to a reduction in certain activities due to changes in health or other circumstances. Older people contribute to society less through paid

SOCIAL AND COMMUNITY  
ACTIVITIES *continued*

employment and more through unpaid work, in areas such as caring, support and voluntary work.

**Social activities** In addition to maintaining contact with family and friends, older people participate in a range of social activities. The most popular social activity undertaken by older people in 2002 was going out to a restaurant, café or bar (57% of men and 64% of women). However, a range of other social activities were also undertaken by many older people.

3.4 SOCIAL ACTIVITIES OF OLDER PEOPLE(a), In last three months—2002

<i>Social activity(b)</i>	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	'000	%	'000	%	'000	%
Went out to a restaurant, cafe or bar	199.4	56.5	272.0	64.1	471.4	60.6
Visited library, museum or art gallery	106.1	30.0	132.2	31.2	238.2	30.6
Attended movies, theatre or concert	103.3	29.2	122.8	29.0	226.1	29.1
Visited park/gardens, zoo or theme park	111.5	31.6	112.3	26.5	223.8	28.8
Took part in or attended/watched sport/physical activities	102.6	29.0	109.4	25.8	212.0	27.3
Other activities	131.1	37.1	199.1	46.9	330.3	42.5
None of these activities	67.1	19.0	87.0	20.5	154.1	19.8
<b>Total(c)</b>	<b>353.1</b>	<b>..</b>	<b>424.3</b>	<b>..</b>	<b>777.4</b>	<b>..</b>

(a) Only people who were usual residents of private dwellings were covered by the survey.

(b) Social activities undertaken in the last 3 months.

(c) Components do not add to total as more than one response is allowed.

Source: ABS data available on request, General Social Survey, 2002.

**Cultural activities** In 2002, around 65% of older people had attended at least one cultural venue in the previous twelve months. The most popular venues attended by older people were cinemas (36%), libraries (32%) and botanic gardens (31%).

3.5 ATTENDANCE OF OLDER PEOPLE(a) AT CULTURAL VENUES AND EVENTS(b)—2002

<i>Venue/event</i>	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
	'000	%	'000	%	'000	%
Cinemas	121.0	34.3	159.4	37.6	280.4	36.1
Libraries	121.3	34.4	126.1	29.7	247.4	31.8
Botanic gardens	108.3	30.7	131.4	31.0	239.7	30.8
Art galleries	59.1	16.7	92.5	21.8	151.7	19.5
Museums	66.5	18.8	73.5	17.3	140.0	18.0
Zoological parks and aquaria	64.4	18.2	69.9	16.5	134.3	17.3
Performing arts	110.2	31.2	175.5	41.4	285.7	36.8
<i>Total attending(c)</i>	229.1	64.9	277.4	65.4	506.5	65.2
<b>Total</b>	<b>353.1</b>	<b>..</b>	<b>424.3</b>	<b>..</b>	<b>777.4</b>	<b>..</b>

(a) Only people who were usual residents of private dwellings were covered by the survey.

(b) Cultural activities undertaken or venues attended at least once in last 12 months.

(c) Components do not add to total as more than one response is allowed.

Source: ABS data available on request, General Social Survey, 2002.

**Sporting activities** Many older people continue to be physically active. In 2002, walking was the most common sporting or recreational physical activity for older people (19%). Other activities commonly undertaken were lawn bowls (6%), golf (6%), swimming (4%) and aerobics or fitness (4%).

In general, participation in sport and physical activity decreases with age. In 2002, 41% of older people participated in sport or recreational physical activities compared with 63% of people aged 18–64 years.

### 3.6 PARTICIPATION IN SELECTED SPORT AND RECREATIONAL PHYSICAL ACTIVITIES(a)(b)—2002

Activity	18–64 years		65 years and over	
	'000	%	'000	%
Walking for exercise	890.9	21.6	150.6	19.4
Lawn bowls	44.3	1.1	46.0	5.9
Golf	333.3	8.1	45.9	5.9
Swimming	502.6	12.2	33.2	4.3
Aerobics/fitness	491.6	11.9	31.4	4.0
Total participation(c)(d)	2 597.3	63.0	317.3	40.8
<b>Total</b>	<b>4 119.9</b>	<b>..</b>	<b>777.4</b>	<b>..</b>

(a) Only people who were usual residents of private dwellings were covered by the survey.

(b) Participation as a player or participant in the last 12 months.

(c) Includes all sport and recreational physical activities.

(d) Components do not add to total as more than one response is allowed.

Source: ABS data available on request, General Social Survey, 2002.

**Voluntary work** Older people make various contributions to social and community life through voluntary activities. In 2002, older people mainly volunteered in welfare and community activities (19%), while people aged 18–64 years mainly volunteered in sport, recreation and hobby fields (13%).

### 3.7 UNPAID VOLUNTARY WORK, By age(a)(b)—2002

	18–64 years		65 years and over	
	'000	%	'000	%
Unpaid voluntary work(c)				
Welfare/community	412.0	10.0	148.5	19.1
Religious	331.5	8.0	67.1	8.6
Sport/recreation/hobby	538.1	13.1	33.5	4.3
Health	75.4	1.8	*20.2	*2.6
Education/training/youth development	340.4	8.3	*8.8	*1.1
Other activities	384.6	9.3	*31.5	*4.0
No unpaid voluntary work	2 702.2	65.6	557.0	71.6
<b>Total</b>	<b>4 119.9</b>	<b>100.0</b>	<b>777.4</b>	<b>100.0</b>

(a) Only people who were usual residents of private dwellings were covered by the survey.

(b) Participation in the last 12 months.

(c) Components do not add to total as more than one response is allowed.

Source: ABS data available on request, General Social Survey, 2002.

EDUCATION AND  
TECHNOLOGY

Adult education For some older people, a decrease in work and family commitments, and increased recreation and leisure time, provides opportunities to acquire new knowledge and skills out of interest, rather than for specific vocational reasons.

In 2001, approximately 4,000 older people attended a secondary, TAFE or tertiary educational institution – more than two-thirds attended as part-time students.

3.8 OLDER PEOPLE ATTENDING EDUCATIONAL INSTITUTIONS(a)—7 August 2001

<i>Type of educational institution</i>	<i>Full-time student no.</i>	<i>Part-time student no.</i>	<i>Total(b) no.</i>
Secondary	285	52	514
Technical or Further Educational institution(c)	263	2 052	2 383
University or other tertiary institutions	399	694	1 134
Other	117	1 652	1 855
<i>Total attending(d)</i>	<i>1 725</i>	<i>4 736</i>	<i>6 833</i>
Not attending	..	..	767 268
<b>Total(e)</b>	<b>..</b>	<b>..</b>	<b>828 475</b>

(a) Excludes overseas visitors.

(b) Includes part-time, full-time status not stated.

(c) Includes TAFE colleges.

(d) Includes institution not stated.

(e) Includes 54,374 people for whom the educational status was not stated.

Source: ABS data available on request, 2001 Census of Population and Housing.

Use of technology In 2002, around one in five older persons used a computer. The percentage of persons using a computer decreased steadily with age, from a high of 89% for those aged 18–24 years to 56% for those aged 55–64 years, then to 19% for those aged 65 years and over.

As with computer use, the likelihood that a person had used the Internet decreased with age, with only 11% of older people accessing the Internet in the last 12 months.

3.9 COMPUTER AND INTERNET USE, In the last 12 months—2002

<i>Age group (years)</i>	<i>Computer use %</i>	<i>Internet use %</i>	<i>No. of persons '000</i>
18–24	89	86	630
25–34	85	79	985
35–44	78	68	988
45–54	70	57	881
55–64	56	40	636
65 and over	19	11	777
<b>Total</b>	<b>67</b>	<b>58</b>	<b>4 897</b>

Source: ABS data available on request, General Social Survey, 2002.

## CHAPTER 4

## HEALTH AND WELLBEING

### INTRODUCTION

Older people are living longer, healthier lives, and enjoying more years without severe handicap. Most older people rate their health as good to excellent, however, there are a significant number who experience a range of illnesses including arthritis, hypertension, heart disease, asthma, diabetes and dementia.

It is also important to note that longevity and health gains in the wider community have not been shared by Aboriginal and Torres Strait Islander peoples, who have higher prevalence and hospitalisation rates for long-term health conditions, and whose life expectancy remains much lower than that of other Australians<sup>1</sup>. Substantial evidence continues to show that people of lower socioeconomic status experience the highest rates of illness and death<sup>2,3</sup>. In addition, the health status of older people living in rural or remote areas generally compares poorly with those living in cities due to a number of factors, including less access to health and aged care services<sup>4</sup>. Increases in the proportion of older people in the population also present challenges in aged care policy and delivery<sup>5</sup>.

### SELF-ASSESSED HEALTH

Studies have shown that older people's perceptions of their own health generally give a good indication of their mental and physical condition, and are predictors of mortality<sup>3</sup>. The majority of older people have a positive perception of their own health, even though older age may be associated with increasing levels of disability and illness. In 2001, two-thirds of people aged 65 years and over (66%) assessed their health as either good, very good or excellent, while 34% reported their health as fair or poor. However, the percentage reporting good or very good health declined with age.

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1 *Measures of Australia's Progress, 2004*, cat. no. 1370.0

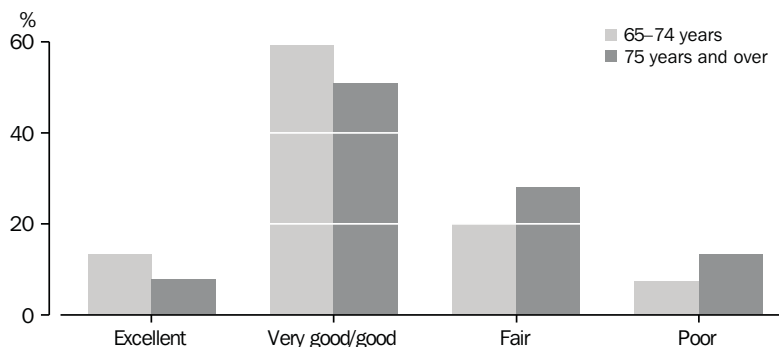
2 *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003*, cat. no. 4704.0, p.129–130, ABS and Australian Institute of Health and Welfare

3 *Australian Social Trends, 1999*, cat. no. 4102.0: p. 57–61 'Health of older people'; p. 62–66 'Health and socio-economic disadvantage of area'

4 Australian Institute of Health and Welfare, *Older Australia at a Glance, 2002*, (3rd edition), AIHW cat. no. AGE 25, Canberra, (Chapter 3: Health), p 27–45, and (Chapter 4: Special groups), p. 47–56

5 *Measuring Wellbeing: Frameworks for Australian Social Statistics, 2001*, cat. no. 4160.0, p. 83–93 'Health'

#### 4.1 SELF-ASSESSED HEALTH STATUS, By age—2001



Source: National Health Survey, NSW Companion Data Cube, 2001 (cat. no. 4364.0).

## HEALTH RELATED ACTIONS

Older people take a variety of actions relating to their health, whether these are preventative or as treatment for an on-going illness or injury. The most common types of health related activities for older people were: visiting a general practitioner (40%), specialist (10%), dentist (6%), and consulting other health professionals (14%).

#### 4.2 SELECTED HEALTH ACTIONS TAKEN BY OLDER PEOPLE(a)—2001

Action taken	Number	Percentage of older persons
	'000	%
Consultation with		
General practitioner	322.6	40.4
Specialist	76.3	9.6
Dentist	47.3	5.9
Consultation with other health professional		
Chemist	30.1	3.8
Chiropodist/podiatrist	27.9	3.5
Nurse	*19.6	*2.5
Optician/optometrist	*11.5	*1.4
Physiotherapist/hydrotherapist	*10.2	*1.3
Chiropractor	*6.0	*0.8
Total(b)	114.4	14.3
Hospital inpatient	*7.9	*1.0
Visited hospital		
Casualty/emergency	**3.8	**0.5
Outpatients	*19.2	*2.4
Day clinic	35.3	4.4
Total persons taking actions(b)	466.4	58.4
<b>Total persons</b>	<b>798.9</b>	<b>100.0</b>

(a) In the two weeks prior to interview.

(b) As people may undertake more than one type of action, components may not add to total.

Source: National Health Survey, NSW Companion Data Cube, 2001 (cat. no. 4364.0).

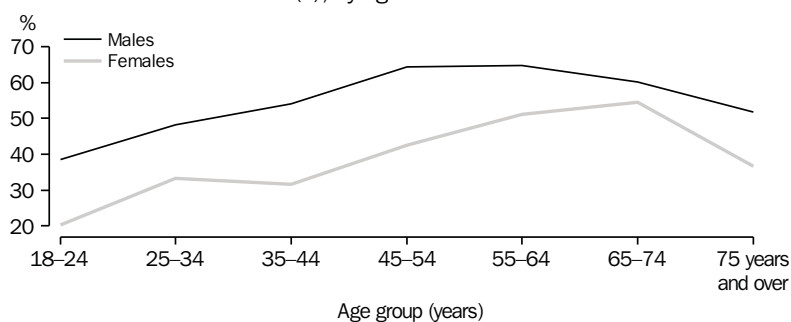
## HEALTH RISKS

Many lifestyle factors are now known to have an impact on the general health of the population, and contribute to increased risk of ill health. A growing awareness of health risks and preventative measures, often the result of early warnings of health problems, are contributing to longer life expectancy, and a better quality of life in later years<sup>6</sup>.

**Body Mass Index** Health risks associated with obesity include heart disease, high blood pressure and diabetes. The Body Mass Index (BMI) is a composite measure of a person's body weight against their height. The BMI is used to allocate people into four groups: underweight, normal weight, overweight or obese. Between 1995 and 2001, there was an increase in the percentage of overweight and obese older people in Australia, particularly among those aged 65–74 years (up from 45% in 1995 to 56% in 2001)<sup>7</sup>.

In 2001 in NSW, 35% of older males and 39% of older females were in the normal weight range for their height. A higher percentage of older men were overweight or obese (57%) than older women (46%).

4.3 OVERWEIGHT OR OBESE(a), By age and sex—2001



(a) Based on self-reported height and weight.

Source: National Health Survey, NSW Companion Data Cube, 2001 (cat. no. 4364.0).

**Exercise** Participating in regular physical exercise reduces the risk of cardiovascular disease and other medical conditions such as osteoporosis and diabetes. In 2001, 56% of older people had undertaken some form of exercise at either a low, moderate or high level, in the two weeks prior to the survey. However, the majority of older people (74%) reported they were either sedentary, or only took part in low level exercise. Overall, older men were more likely to exercise at moderate to high levels (33%), compared to older women (21%).

**Diet** Good nutrition is important in maintaining health and wellbeing, and substantially lowers the risk of coronary heart disease, stroke and several major cancers<sup>7</sup>. Poor diet can also result in tiredness, poor digestion, and in being overweight<sup>8</sup>. The National Health and Medical Research Council

6 *Older People, Australia: A Social Report, 1999*, cat. no. 4109.0, p.47–64

7 *Health Risk Factors, 2001*, cat. no. 4812.0

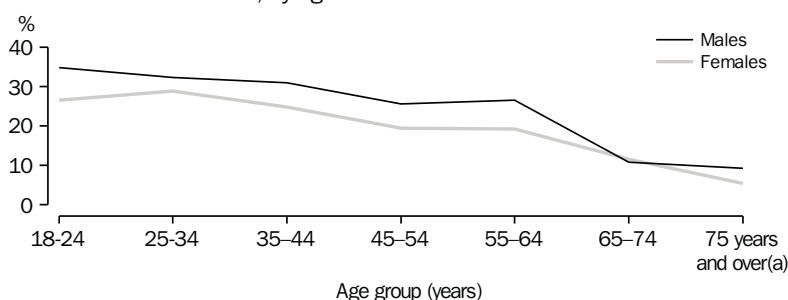
8 *Older People, New South Wales, 2000*, cat. no. 4108.1, p. 29–40



Diet *continued* (NHMRC) recommends at least two serves of fruit and five serves of vegetables a day for adults<sup>9</sup>. In 2001, 35% of older people ate 4–5 serves or more of vegetables, 62% ate 2–3 serves or more of fruit, and 47% used low/reduced fat or skim milk.

Smoking Health risks associated with smoking include cardiovascular disease, cancer, emphysema, bronchitis, and stroke. In 2001, 9% of all older people were current smokers, compared to 24% of the total NSW adult population. Older women (70%) were more likely to have never smoked compared to older men (30%).

4.4 CURRENT SMOKERS, By age and sex—2001



(a) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

Source: National Health Survey, NSW Companion Data Cube, 2001 (cat. no. 4364.0).

Alcohol Excessive alcohol consumption can be harmful, and is associated with a number of chronic diseases and conditions including cirrhosis of the liver, coronary heart disease, stroke, hypertension, certain types of cancer and brain damage. However, low to moderate alcohol consumption is associated with positive health outcomes, including protection from certain types of cardiovascular conditions<sup>9</sup>. In 2001, 94% of older people reported that they did not consume alcohol, or consumed it at a low risk level during the two weeks prior to the survey.

#### 4.5 SELECTED HEALTH RISK FACTORS OF OLDER PEOPLE, By sex—2001

<i>Health risk factor</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
	%	%	%
<i>Body mass(a)</i>			
Underweight	*1.2	*3.4	*2.4
Normal	34.9	39.3	37.3
Overweight	44.8	28.1	35.6
Obese	12.1	18.0	15.4
<i>Exercise level</i>			
Sedentary	39.0	48.2	44.1
Low	28.0	31.2	29.7
Moderate/High	33.1	20.5	26.2
<i>Alcohol status(b)</i>			
Did not drink/low risk	93.8	93.4	93.6
Risky/high risk	6.2	6.6	6.4
<i>Smoker status</i>			
Smoker	10.2	8.7	9.4
Ex-smoker	60.1	21.5	38.9
Never smoked	29.7	69.7	51.7
<i>Daily serves of vegetables</i>			
1 serve or less(c)	21.4	15.8	18.3
2–3 serves	45.0	48.3	46.8
4–5 serves or more	33.6	35.9	34.8
<i>Daily serves of fruit</i>			
1 serve or less(d)	42.2	34.6	38.1
2–3 serves	49.4	53.2	51.5
4–5 serves or more	8.4	12.2	10.5
<i>Usual type of milk</i>			
whole	44.9	36.8	40.4
low/reduced fat or skim	40.5	52.6	47.2

(a) Based on self-reported height and weight.

(b) Based on Australian Alcohol Guidelines 2001.

(c) Includes 'Doesn't eat vegetables'.

(d) Includes 'Doesn't eat fruit'.

Source: ABS data available on request, National Health Survey, 2001.

## HEALTH CONDITIONS

Significant improvements in adult life expectancy are due to a combination of factors, including improved living standards, medical treatments, and healthier lifestyles<sup>10</sup>. Over the last decade there has been a significant decline in deaths from ischaemic heart disease, making cancer the current leading cause of death.

### Leading causes of death

A strong indicator for the improving health of older people is the declining death rate, which fell from 4,722 per 100,000 in 1992 to 4,228 per 100,000 in 2002.

In 1992, ischaemic heart disease was the leading cause of death for older people (29%) – by 2002, this had fallen to 21% of deaths. Cancer (all types) was the leading cause of death for older people in 2002, followed by ischaemic heart disease and stroke<sup>11</sup>. These three major causes of death accounted for nearly 58% of all deaths of older people in NSW.

10 *Older People, New South Wales, 2000*, cat. no. 4108.1, p. 29–40

11 *Causes of Death, Australia, 2002*, cat. no. 3303.0

Leading causes of death *continued* In the last decade, death rates due to dementia have increased by more than a third for older males and females (some of this increase may be due to increases in diagnosis)<sup>12</sup>.

Males have higher death rates than females for most leading causes, except stroke and dementia.

#### 4.6 SELECTED LEADING CAUSES OF DEATH, By sex—1992 and 2002

Cause of death	Death rates for persons aged 65 years and over(a)					
	Males		Females		Persons	
	1992	2002	1992	2002	1992	2002
Ischaemic heart disease	1 604	1 023	1 189	814	1 366	907
All cancers (neoplasms)	1 501	1 364	805	821	1 102	1 061
Stroke	545	435	629	560	593	505
Respiratory disease	607	494	310	356	437	417
Dementia	93	130	134	198	117	168
Digestive system disease	152	132	137	129	143	130
Genitourinary disease	84	118	83	114	83	116
Diabetes mellitus	84	110	81	81	83	94
Accidents	112	89	74	76	90	81
<b>All causes</b>	<b>5 474</b>	<b>4 646</b>	<b>4 162</b>	<b>3 896</b>	<b>4 722</b>	<b>4 228</b>

(a) Age-specific death rates per 100,000 of the 1992 and 2002 populations aged 65 years and over.

Source: ABS data available on request, *Causes of Death, Australia, 1992 and 2002*.

Long-term health conditions A long term health condition is a condition expected to last six months or more. The prevalence of most long-term conditions increased with age, and at least one long-term condition was reported for almost all (99%) of persons aged 75 years and over<sup>13</sup>. In 2001, the long-term health conditions most frequently reported by older people were eyesight problems, arthritis, hypertension, other circulatory diseases and hearing problems.

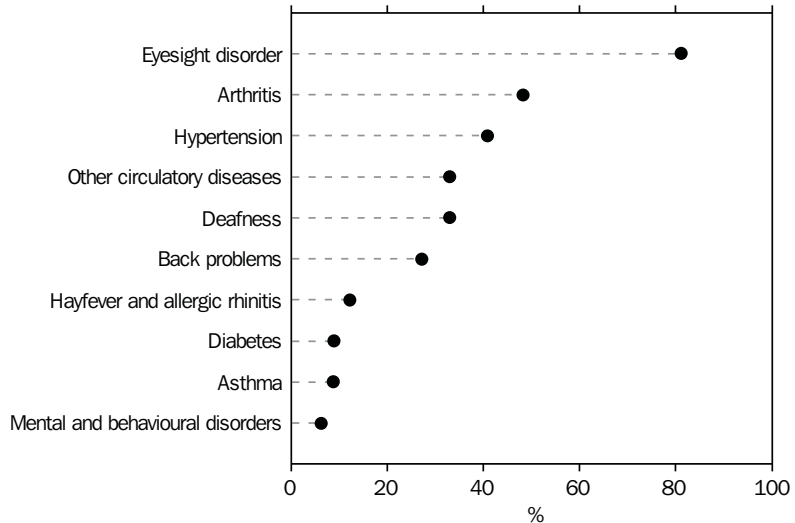
More than half of all health expenditure on the following diseases is spent on older persons: dementia, stroke, arthritis, and eyesight problems. With the projected ageing of the population, the number of older people affected by dementia, and demand for dementia-related services is expected to increase<sup>14</sup>.

12 *Australian Social Trends, 1999*, cat. no. 4102.0: p. 57–61 'Health of older people'; p. 62–66 'Health and socio-economic disadvantage of area'

13 *National Health Survey: Summary of Results, 2001*, cat. no. 4364.0

14 Australian Institute of Health and Welfare (AIHW), *Australia's Health, 2004*, (Chapter 8: Health of Older People), p. 355–387

#### 4.7 LONG-TERM CONDITIONS IN OLDER PEOPLE(a)(b)—2001



(a) Persons may have reported more than the one type of condition. (b) Person in hospitals and nursing homes are excluded from survey.

Source: ABS data available on request, National Health Survey, 2001.

## MENTAL HEALTH

Good mental health is an important contributor to the quantity and quality of an individual's social connections and support networks, which in turn influence their overall health and wellbeing. The majority of older people experience good mental health which can enable them to cope better with deterioration in physical health<sup>15</sup>.

### Mental disorders

The 1997 National Survey of Mental Health and Wellbeing of Adults provided a measure of the extent of selected mental illness among people aged 18 years and over who lived in private dwellings. The survey focussed on the prevalence of the following mental disorders, which occurred during the 12 months prior to the survey:

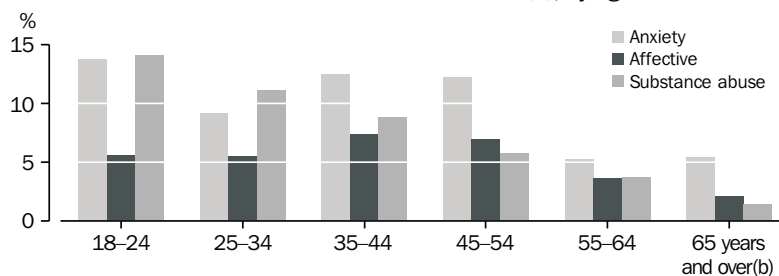
- anxiety disorders (such as panic disorders, agoraphobia and obsessive-compulsive disorders)
- affective disorders (such as depression, mania and bipolar affective disorder)
- substance abuse disorders (such as dependence on or harmful use of alcohol or other drugs)<sup>16</sup>.

Overall, the prevalence of these illnesses was markedly lower among older people than the adult population aged 18–64 years in NSW. Young adults aged 18–24 years had the highest prevalence (26%), which then declined to 7% of those aged 65 years and over.

15 Australian Institute of Health and Welfare (AIHW), *Australia's Welfare, 2003*, (Chapter 7: Ageing and Aged Care), p.275–302

16 *Mental Health and Wellbeing: Profile of Adults, New South Wales, Data Report, 1997*, cat. no. 4326.1.40.001

#### 4.8 PREVALENCE OF SELECTED MENTAL DISORDERS(a), By age—1997

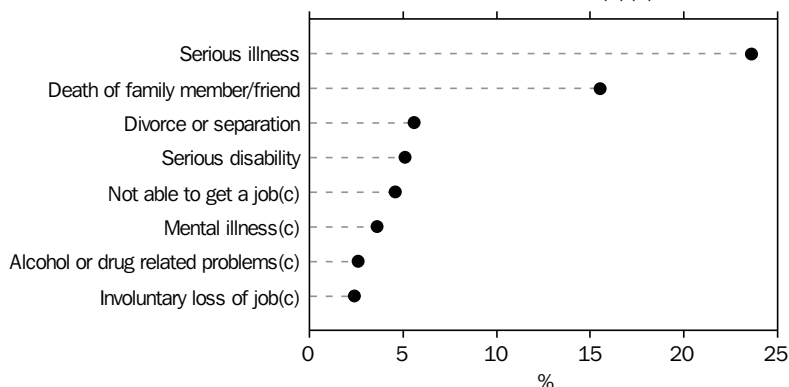


(a) During the 12 months prior to interview. (b) Estimate for affective and substance abuse disorders has a relative standard error of between 25% and less than 50% and should be used with caution.

Source: *Mental Health and Wellbeing: Profile of Adults, NSW, 1997* (cat. no. 4326.1.40.001).

**Stressors** Personal stressors are events or conditions that may adversely impact on an individual's life, through direct experience, such as a serious illness, or indirectly through a family member's illness. In some cases, the adverse impact of personal stressors may persist beyond the short-term and have an ongoing impact on an individual's wellbeing<sup>17</sup>. Almost half (48%) of all older people or a close friend experienced at least one potentially stressful situation or event in the last 12 months. The most common types of stressors experienced were serious illness of self or someone close (24%); the death of someone close (16%), divorce or separation (6%) and serious disability (5%).

#### 4.9 TYPES OF STRESSORS EXPERIENCED BY OLDER PEOPLE(a)(b)—2002



(a) Experienced personally or by a close friend in the last 12 months. (b) Only people who were usual residents of private dwellings were covered by the survey. (c) Estimate has a relative standard error of between 25% and 50% and should be used with caution.

Source: *General Social Survey, NSW, 2002* (cat. no. 4159.1.55.001).

**Use of medications** In 2001, 22% of older people in NSW reported they had recently used one or more medications (including vitamins and natural remedies) for their mental wellbeing. Use of medications was generally higher in older age groups<sup>18</sup>. About 17% had used pharmaceutical medications, 6% had

17 *General Social Survey: Summary of Results, Australia, 2002*, cat. no. 4159.0

18 *National Health Survey: Summary of Results, 2001*, cat. no. 4364.0

Use of medications *continued* used vitamin and mineral supplements and 4% had used other natural or herbal treatments. The most common pharmaceutical medications used were sleeping tablets (10%) and antidepressants (8%). Use of medications was higher among females than males (28% and 16% respectively), for all medication types.

#### 4.10 MEDICATIONS USED BY OLDER PEOPLE FOR MENTAL HEALTH(a)—2001

Type of medications used	Males		Females		Persons	
	'000	%	'000	%	'000	%
Pharmaceutical medications						
Sleeping tablets or capsules	28.2	7.9	53.2	12.1	81.4	10.2
Antidepressants/tablets or capsules for anxiety or nerves	20.7	5.8	40.5	9.2	61.3	7.7
Other medications for mental health(b)	**4.1	**1.1	*11.8	*2.7	*15.8	*2.0
Total(c)	44.0	12.3	92.5	21.0	136.5	17.1
Vitamin or mineral supplements	*11.8	*3.3	33.1	7.5	44.9	5.6
Herbal or natural treatments or remedies	*5.4	*1.5	22.5	5.1	28.0	3.5
Total medications(d)	56.2	15.7	121.4	27.6	177.7	22.2
Did not use medications	302.5	84.3	318.7	72.4	621.2	77.8
<b>Total persons</b>	<b>358.7</b>	<b>100.0</b>	<b>440.1</b>	<b>100.0</b>	<b>798.9</b>	<b>100.0</b>

(a) Used medication for mental wellbeing in the two weeks prior to interview. Type of medication is as reported by respondents.

(b) This category includes tranquilisers and mood stabilisers in addition to the 'other medications for mental health' category in the national publication.

(c) All medications other than those identified by respondents as vitamin or mineral supplements, herbal or natural medications.

(d) Person may have reported more than one type of medication and therefore components may not add to totals.

Source: ABS data available on request, National Health Survey, 2001.

## HEALTH CARE SERVICES

Not all health conditions have a major impact on people's lives and many older people continue to live independently in the community well into later life<sup>19</sup>. While many older people live in their homes either by managing on their own, or with help from family and friends, others rely on a range of support services.

### Home and Community Care

The Home and Community Care (HACC) Program is jointly funded by the Australian and State governments. HACC provides basic maintenance and support services to enable frail older people, and younger people with moderate, severe or profound disabilities to remain living in the community, and to prevent premature admission to residential care. HACC funded services also assist the carers of these groups. The types of HACC services available include home maintenance and modification, as well as home help, food services, personal care, community nursing, transport and respite care<sup>19</sup>. In 2002–03, older people received 79% of all HACC services in NSW. Domestic assistance was the most used service by older HACC clients, followed by transport, home care service assessment and home meal services.

19 *Australian Social Trends, 1999*, cat. no. 4102.0: p. 57–61 'Health of older people'; p. 62–66 'Health and socio-economic disadvantage of area'

#### 4.11 HOME AND COMMUNITY CARE SERVICES, By age—2002–03

Service type	Under 64 years	65–74 years	75–84 years	85 years and over
Allied health care received at home	838	714	1 392	942
Allied health care received at centre	2 154	3 223	3 655	1 380
Assessment	8 240	8 171	16 796	10 326
Case management	3 637	1 723	3 183	2 043
Case planning/review	6 666	5 308	11 652	7 121
Centre based day care	2 506	2 999	5 247	2 755
Counselling	2 880	2 522	3 997	2 271
Domestic assistance	9 703	8 589	18 479	11 318
Formal linen service	91	74	171	144
Goods and equipment	2 539	2 378	4 050	2 064
Home maintenance	2 191	2 713	5 936	2 917
Home modification	1 614	2 386	4 884	2 307
Meals received at home	3 231	4 146	12 282	9 133
Meals received at centre	1 665	2 575	5 182	3 011
Nursing care received at home	6 056	6 309	10 637	7 477
Nursing care received at centre	1 546	1 390	1 795	843
Other food services	297	214	520	426
Personal care	3 891	2 501	4 916	4 104
Respite care	3 371	725	776	453
Social support	5 231	3 140	6 792	4 306
Transport services	8 209	9 071	18 439	9 072
<b>Total(a)</b>	<b>38 468</b>	<b>36 050</b>	<b>69 550</b>	<b>39 188</b>

(a) Total client estimates do not equal the sum of component estimates as clients may receive more than one service.

Source: Home and Community Care Minimum Data Set (HACC MDS) for 2002–03, NSW Department of Ageing, Disability and Home Care.

**Hospital inpatients** Information on hospital inpatients is available from the Inpatient Statistics Collection maintained by NSW Health. The collection provides information on hospital separations (i.e. the discharge, transfer or death of a patient). In 2002–03, there were 537,300 separations of older people from NSW hospitals. Males accounted for 48% and females 52%, of these hospital separations. External causes of morbidity and mortality, including falls, were the most common reason for the hospitalisation of women and men, followed by circulatory and digestive system conditions, and cancer (neoplasms).

4.12 SELECTED INPATIENT SEPARATIONS FOR OLDER PEOPLE(a)(b), By sex—2002–03

<i>Principal diagnosis</i>	<i>Males</i> <i>no.</i>	<i>Females</i> <i>no.</i>	<i>Persons(c)</i> <i>no.</i>
Circulatory system diseases			
Ischaemic heart disease	17 205	12 328	29 533
Cerebrovascular disease	4 553	4 692	9 245
<i>Total</i>	41 323	37 327	78 651
Digestive system diseases	31 147	32 631	63 778
Endocrine, nutritional and metabolic diseases			
Diabetes mellitus	4 001	4 067	8 068
<i>Total</i>	5 326	6 242	11 568
External causes of morbidity and mortality			
Falls	10 513	24 613	35 126
Transport accidents	984	1 007	1 991
<i>Total</i>	36 823	50 758	87 582
Genitourinary system diseases	13 700	12 576	26 276
Mental and behavioural disorders			
Dementia	834	1 015	1 849
<i>Total</i>	6 889	5 938	12 827
Musculoskeletal system and connective tissue diseases	13 308	19 175	32 483
Neoplasms	36 210	27 255	63 465
Nervous system and sense organs diseases	26 422	35 882	62 304
Respiratory system diseases			
Chronic lower respiratory diseases	8 624	7 044	15 668
Influenza and pneumonia	5 021	4 657	9 679
<i>Total</i>	18 664	16 223	34 888
<b>Total</b>	<b>259 280</b>	<b>278 057</b>	<b>537 340</b>

(a) Includes public, private and psychiatric hospitals, public nursing homes and day procedures in NSW.

(b) Excludes hospital boarders, nursing home type patients and clients requiring residential aged care services (including respite) in facilities with designated residential aged care beds that are funded by the Australian Government.

(c) Includes patients whose sex was not stated.

Source: NSW Health, *Inpatient Statistics Collection*.

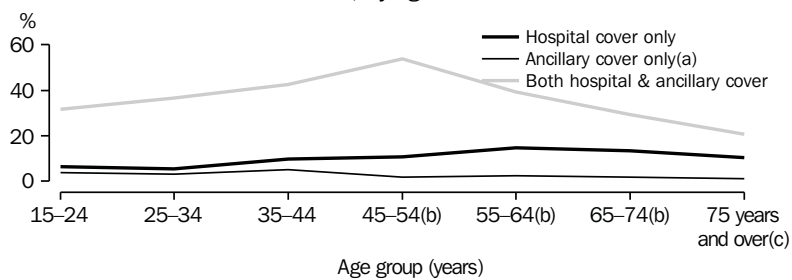
Private health insurance The most common type of private health insurance cover was 'both hospital and ancillary cover'. This level of cover peaked in the 45–54 year age group and then decreased with age.

It is important to note that older people are more likely to have a government health concession card which offers varying types of benefits in relation to accessing selected health services free of charge or at concessional rates. Government health concession cards include Health Care Cards, Pensioner Concession Cards, Commonwealth Seniors Health Card, and treatment entitlement cards issued by the Department of Veterans' Affairs<sup>20</sup>.

<sup>20</sup> *Private Health Insurance, 2001*, cat. no. 4815.0.55.001



4.13 PRIVATE HEALTH INSURANCE, By age—2001



(a) Includes 'insurance type not known'. (b) Estimate for ancillary cover has a relative standard error of between 25% and 50% and should be used with caution. (c) Estimate for ancillary cover has a relative standard error greater than 50% and is considered too unreliable for general use.

Source: National Health Survey, NSW Companion Data Cube, 2001 (cat. no. 4364.0).

## CHAPTER 5

## FINANCIAL SECURITY

### INTRODUCTION

Older people have lower incomes than other age groups although they tend to have higher assets through equity in dwellings, superannuation or other savings. Most have retired from the workforce and are dependent on government benefits as their principal source of income. Older people also have lower levels of household consumer debt and financial stress compared to other age groups.

### EMPLOYMENT

#### Participation in the labour force

Participation in the workforce declines for both males and females from around their mid-fifties. Less than 10% of males and 4% of females, in the 65 years and over age group, were still participating in the labour force at May 2004.

The participation in the workforce of females aged 55 years and over increased in the last ten years, but remained considerably lower than male participation rates. For males there had been an increase in participation for those aged 60–64 years.

#### 5.1 LABOUR FORCE PARTICIPATION

Age group	Males			Females		
	May 1994	May 1999	May 2004	May 1994	May 1999	May 2004
	%	%	%	%	%	%
45–54 years	88.7	86.3	86.2	67.6	66.7	70.7
55–59 years	76.7	70.4	75.5	42.2	43.9	54.7
60–64 years	43.8	44.8	51.2	13.1	14.1	28.3
65 years and over	9.8	9.1	9.9	2.8	2.9	3.7

Source: ABS data available on request, Labour Force Survey.

#### Part-time employment

As well as having lower participation rates, females aged 45 years and over were much more likely to be working part-time than males in the same age group – over 40% of all employed females aged 45 years and over were working part-time in May 2004 compared to 8% of males aged 45–54 years, 10% of males aged 55–59 years, and 24% of males aged 60–64 years.

More than half of all employed older people worked part-time.

## 5.2 EMPLOYMENT STATUS—May 2004

Age group	Employed	Employed	Employed	Unemployed	Labour	Civilian	Part-time	Unemployment
	Full-time	Part-time	Total	Total	Force	population	Employment	rate
	'000	'000	'000	'000	'000	'000	%	%
<b>Males</b>								
45–54 years	348.1	31.6	379.7	11.2	390.9	453.4	8.3	2.9
55–59 years	131.0	15.0	146.0	*5.6	151.7	201.0	10.3	*3.7
60–64 years	55.5	17.6	73.1	*5.3	78.4	153.0	24.0	*6.8
65 years and over	18.0	21.9	39.9	—	39.9	401.4	54.9	—
<b>Females</b>								
45–54 years	187.6	126.9	314.4	8.2	322.7	456.1	40.3	2.5
55–59 years	60.2	43.5	103.7	*4.0	107.7	196.7	42.0	*3.7
60–64 years	15.6	25.9	41.4	*1.0	42.5	150.3	62.4	*2.4
65 years and over	9.2	9.5	18.7	—	18.7	500.7	50.7	—

Source: ABS data available on request, Labour Force Survey, May 2004.

## RETIREMENT

Although age pensions are generally not available until the age of 65 years, around one-quarter of all people aged 45–64 years were already retired (15% of males and 32% of females).

## 5.3 RETIREMENT STATUS(a)(b), By age—2002

Retirement status	Units	Males		Females		Persons	
		45–64 years	65 years and over	45–64 years	65 years and over	45–64 years	65 years and over
<b>Estimated number of persons</b>							
Retired	'000	110.5	304.2	241.9	396.1	352.4	700.3
Currently working	'000	598.8	*41.0	454.0	*19.6	1 052.8	60.7
Intends to work or look for work	'000	54.8	**7.9	56.8	*8.6	111.6	*16.5
<b>Total</b>	<b>'000</b>	<b>764.0</b>	<b>353.1</b>	<b>752.7</b>	<b>424.3</b>	<b>1 516.7</b>	<b>777.4</b>
<b>Percent</b>							
Retired	%	14.5	86.2	32.1	93.3	23.2	90.1
Currently working	%	78.4	*11.6	60.3	*4.6	69.4	7.8
Intends to work or look for work	%	7.2	**2.2	7.5	*2.0	7.4	*2.1
<b>Total</b>	<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Retirement status questions only asked of persons aged 45 years and over.

(b) Only people who were usual residents of private dwellings were covered by the survey.

Source: ABS data available on request, General Social Survey, 2002.

## INCOME

**Sources of income** Most people aged 65 years and over are dependent on government income support payments, such as age pensions, or sources other than wages or salaries for most of their income.

For couple only and lone person households, more than 70% had government pensions and allowances as their principal source of household income.

#### 5.4 PRINCIPAL SOURCE OF HOUSEHOLD INCOME—2000–01

<i>Principal source of household income</i>	<i>Units</i>	<i>Couple only, reference person aged 65 years and over</i>	<i>Lone person, aged 65 years and over</i>	<i>Balance of households with reference person aged 65 years and over</i>	<i>Total households with reference person aged 65 years and over</i>
Estimated number of households					
Wages and salary or own business income	'000	*9.1	*10.3	48.9	68.4
Government pensions and allowances	'000	129.9	195.8	*31.2	356.9
Other income	'000	43.4	42.1	*4.9	90.4
<i>Total(a)</i>	'000	183.5	249.2	85.7	518.5
Percentage of estimated number of households					
Wages and salary or own business income	%	*4.9	*4.1	57.1	13.2
Government pensions and allowances	%	70.8	78.5	*36.4	68.8
Other income	%	23.7	16.9	*5.7	17.4
<i>Total(a)</i>	%	100.0	100.0	100.0	100.0

(a) Includes households with nil or negative income.

Source: ABS data available on request, *Survey of Income and Housing Costs, 2000–01*.

Of the 889,500 older people in NSW at June 2003, 611,900 (69%) received the Australian Government age pension. Around a further 72,000 (8%) received service pensions from the Australian Government Department of Veterans' Affairs.

#### 5.5 RECIPIENTS OF PAYMENTS FOR THE RETIRED(a)(b)

	<i>June 2001</i>	<i>June 2002</i>	<i>June 2003</i>
Age pension(c)	595 969	601 382	611 917
Widow B pension(d)	1 728	1 310	650
Wife pension (age)(e)	8 122	7 541	6 457
Service pensions(f)	n.a.	n.a.	72 120

(a) People receiving more than one FaCS payment type are only counted once by using the main payment type.

(b) Data are for the pay period closest to 30 June.

(c) Excludes payments made to persons overseas and age pensions paid by the Australian Government Department of Veterans' Affairs.

(d) A FaCS payment which provides income to certain widows who do not have any dependent children, have limited means of income, and have lost the financial support of their partner. The Widow B Pension is gradually being phased out from 1 July 1987.

(e) A FaCS payment which assists the wife of an Age or Disability Support pensioner, when the wife is not eligible for any other pension. The Wife Pension is being phased out from 1 July 1995.

(f) Service pensions paid by the Australian Government Department of Veterans' Affairs to people aged 65 years and over.

Source: Australian Government Department of Family and Community Services. Australian Government Department of Veterans' Affairs.

**Income distribution** In older households income distribution was very concentrated in various groupings – 51% of couple only households had income in the range of \$300 to less than \$400 and 59% of lone person households had income in the range of \$200 to less than \$300. This reflected the large percentage of older person households who were dependent on the age or service pension.

## 5.6 GROSS WEEKLY HOUSEHOLD INCOME, By income range—2000–01

	Units	Couple only, reference person aged 65 years and over	Lone person, aged 65 years and over	Total households with reference person aged 65 years and over
Gross weekly household income — estimated number of households				
Less than \$200	'000	**5.7	54.1	63.4
\$200 to less than \$300	'000	*8.0	146.8	154.8
\$300 to less than \$400	'000	94.0	21.4	120.4
\$400 to less than \$500	'000	41.9	*11.5	58.5
\$500 or more	'000	33.9	*15.4	121.4
<i>Total</i>	'000	183.5	249.2	518.5
Gross weekly household income — percentage				
Less than \$200	%	**3.1	21.7	12.2
\$200 to less than \$300	%	*4.4	58.9	29.9
\$300 to less than \$400	%	51.2	8.6	23.2
\$400 to less than \$500	%	22.8	*4.6	11.3
\$500 or more	%	18.5	*6.2	23.4
<i>Total</i>	%	100.0	100.0	100.0

Source: ABS data available on request, Survey of Income and Housing Costs, 2000–01.

Equivalised disposable income

Another measure of household income is equivalised disposable weekly income – gross weekly household income estimates are adjusted by equivalence factors to standardise the income estimates with respect to household size and composition, while taking into account the economies of scale that arise from the sharing of dwellings. For a lone person household equivalised income is equal to disposable household income. For a household comprising more than one person, it is an indicator of the disposable household income that would need to be received by a lone person household to enjoy the same level of economic wellbeing as the household in question.

Lone persons households had lower equivalised disposable incomes than other households.

## 5.7 HOUSEHOLD INCOME—2000–01

	Unit	Couple only, reference person aged 65 years and over	Lone person, aged 65 years and over	Total households with reference person aged 65 years and over
Weekly equivalised disposable household income				
Mean income	\$	293	266	331
Median income	\$	254	213	269
Gross weekly household income from all sources				
Mean income	\$	450	271	461
Median income	\$	381	213	343

Source: ABS data available on request, Survey of Income and Housing Costs, 2000–01.

## SUPERANNUATION AND OTHER ASSETS

Older people's standard of living is influenced by many factors including access to financial resources. These can include government benefits such as age restricted pensions, or private resources including superannuation and other assets.

Other assets, including dwellings, are important as they can potentially be converted into additional income.

**Superannuation** Superannuation is a compulsory saving scheme with the benefits generally available only after retiring from the workforce. For people who retire before the pension age, superannuation may provide, together with other savings, their source of income. For many retirees superannuation will also supplement the age pension. Therefore, the extent to which people have superannuation, their ongoing contributions to it, and their superannuation balances, will have a significant impact on their post-retirement income and standard of living.

The introduction of the Superannuation Guarantee Charge in 1992 has resulted in virtually all pre-retired persons having some superannuation.

### 5.8 SUPERANNUATION COVERAGE OF PRE-RETIRED PERSONS—2000

<i>Type of superannuation coverage</i>	<i>Units</i>	<i>Males</i>		<i>Females</i>		<i>Persons</i>	
		<i>45–54 years</i>	<i>55–69 years</i>	<i>45–54 years</i>	<i>55–69 years</i>	<i>45–54 years</i>	<i>55–69 years</i>
Employer/business contributions only	%	41.6	49.3	50.6	44.0	45.5	47.3
Personal/spouse and employer/business contributions	%	35.6	25.1	33.6	39.1	34.8	30.4
Personal/spouse contributions only	%	7.5	10.2	5.0	*5.7	6.4	8.5
Has superannuation but no contributions currently being made	%	15.3	15.4	10.8	*11.3	13.4	13.8
No superannuation	%	—	—	—	—	—	—
<i>Total persons</i>	'000	359.4	154.7	268.2	93.6	627.6	248.3

*Source: ABS data available on request, Survey of Employment Arrangements and Superannuation, 2000.*

In addition to compulsory employer contributions people can increase their superannuation balances by making personal contributions. In 2000, only one-third of employees aged 55–69 years made personal contributions, although a slightly higher percentage did so in the 45–54 years age group.

## 5.9 PERSONAL CONTRIBUTIONS TO SUPERANNUATION—2000

Contributions	Persons aged 45–54 years		Persons aged 55–69 years	
	'000	%	'000	%
Weekly personal contribution amount				
\$1 to less than \$20	32.9	5.1	*11.4	*4.0
\$20 to less than \$40	47.8	7.4	20.1	7.0
\$40 to less than \$60	29.2	4.5	19.5	6.8
\$60 or more	68.0	10.6	25.8	9.0
Not determined	43.2	6.7	*8.4	*2.9
Making contributions less than 2 years	26.6	4.1	*7.5	*2.6
Not making personal contributions	395.7	61.5	194.2	67.7
<b>Total persons</b>	<b>643.4</b>	<b>100.0</b>	<b>286.9</b>	<b>100.0</b>

Source: ABS data available on request, Survey of Employment Arrangements and Superannuation, 2000.

Australians today are living longer and retiring earlier than in previous generations. Superannuation is intended to provide an income throughout retirement, however, around 44% of pre-retired persons aged 55–69 years had superannuation balances of only \$40,000 or less in 2000.

## 5.10 TOTAL SUPERANNUATION BALANCE OF PRE-RETIRED PERSONS—2000

Superannuation balance	Units	Males		Females		Persons	
		45–54 years	55–69 years	45–54 years	55–69 years	45–54 years	55–69 years
Estimated number of persons with total balances of							
\$1–\$4,999	'000	36.4	16.0	50.8	14.0	87.2	30.0
\$5,000–\$9,999	'000	28.7	13.0	45.2	7.2	73.9	20.3
\$10,000–\$19,999	'000	43.0	12.0	46.7	16.2	89.7	28.2
\$20,000–\$39,999	'000	51.6	17.9	41.8	13.1	93.4	31.1
\$40,000 or more	'000	149.6	72.4	50.5	27.0	200.1	99.4
Not determined	'000	50.2	23.4	33.2	16.1	83.4	39.4
Total persons	'000	359.4	154.7	268.2	93.6	627.6	248.3
Percentage (%) of persons with total balances of							
\$1–\$4,999	%	10.1	10.3	19.0	14.9	13.9	12.1
\$5,000–\$9,999	%	8.0	8.4	16.8	7.7	11.8	8.2
\$10,000–\$19,999	%	12.0	7.7	17.4	17.3	14.3	11.3
\$20,000–\$39,999	%	14.4	11.6	15.6	14.0	14.9	12.5
\$40,000 or more	%	41.6	46.8	18.8	28.8	31.9	40.0
Not determined	%	14.0	15.1	12.4	17.2	13.3	15.9
Total persons	%	100.0	100.0	100.0	100.0	100.0	100.0

Source: ABS data available on request, Survey of Employment Arrangements and Superannuation, 2000.

**Other assets** Household net worth consists of the total assets owned less total liabilities. Typical assets include dwellings, business assets, currency and deposits, shares and other equity, and superannuation.

Other assets *continued* Although data for NSW is not available, experimental estimates<sup>1</sup> for Australia, based on a range of data sources, suggested the following conclusions:

- at 30 June 2000, dwellings (including residences and other dwellings such as rental investment properties) represented 46% of total household assets
- superannuation assets increased significantly from 16% of total household assets in 1994 to 21% in 2000
- household net worth appears to build until retirement – peaking for households with the reference person aged 55–64 years – then slowly reducing as households draw down on their resources in later years
- rising average dwelling values were likely to be a significant factor in the increase in net worth for mature-aged and older households
- at 30 June 2000, median household net worth was estimated to be around \$300,000 for households with the oldest person aged 55–64 years.

## HOUSING COSTS AND FINANCIAL STRESS

Housing tenure Housing tenure is an important factor in determining housing costs. The percentage of houses owned without a mortgage increases with age and housing costs decrease correspondingly.

In households where the reference person was an older person, 82% owned their houses without a mortgage. In this same age group however, there were still 12% who rented.

### 5.11 HOUSING TENURE, By age—2000–01

Housing tenure	Units	Age of reference person			Total households
		15–54 years	55–64 years	65 years and over	
Estimated number of households					
Owner without a mortgage	'000	316.3	226.6	423.9	966.8
Owner with a mortgage	'000	645.3	51.8	*13.1	710.2
Renter	'000	555.6	49.4	61.7	666.6
Other tenure	'000	33.9	**4.8	*19.9	58.5
<i>Total</i>	'000	1 551.0	332.7	518.5	2 402.2
Percentage of households					
Owner without a mortgage	%	20.4	68.1	81.8	40.2
Owner with a mortgage	%	41.6	15.6	*2.5	29.6
Renter	%	35.8	14.9	11.9	27.8
Other tenure	%	2.2	**1.4	*3.8	2.4
<i>Total</i>	%	100.0	100.0	100.0	100.0

Source: ABS data available on request, Survey of Income and Housing Costs, 2000–01.

1 ABS Working paper No. 2002/1, Experimental Estimates of the Distribution of Household Wealth, Australia, 1994–2000.



**Housing costs** Mean weekly housing costs decreased with age. The proportion of housing costs to income, for households with a reference person aged 55 years and over, was less than half when compared to the corresponding age group of 15 to 54 years. This reflects the large percentage of households with older reference persons that no longer have a mortgage.

#### 5.12 HOUSING COSTS, By age—2000–01

<i>Housing costs</i>	<i>Units</i>	<i>Reference person aged</i>			<i>Total</i>
		<i>15–54 years</i>	<i>55–64 years</i>	<i>65 years and over</i>	
Mean weekly housing costs	\$	191	73	30	140
Median weekly housing cost	\$	167	29	19	73
Housing costs as a percentage of income	%	16	7	7	14

*Source: ABS data available on request, Survey of Income and Housing Costs, 2000–01.*

**Financial stress** Indicators of financial stress can include consumer debt and whether financial emergencies can be easily met. Data from the General Social Survey, 2002, showed that households in which the selected person was an older person tended to have less financial stress than households where a younger person was selected.

#### 5.13 CONSUMER DEBT AND FINANCIAL STRESS(a)(b), By age—2002

	<i>Units</i>	<i>45–54 years</i>	<i>55–64 years</i>	<i>65 years and over</i>	<i>All persons</i>
Value of consumer debt(c)					
No consumer debt	%	49.2	65.5	90.0	55.3
Less than \$5,000	%	19.2	14.1	5.2	16.7
\$5,000–\$9,999	%	7.8	8.7	*2.1	9.3
\$10,000 and over	%	21.3	10.5	*2.7	16.3
Financial stress					
Unable to raise \$2,000 within a week for something important(c)	%	10.7	10.4	10.9	13.3
Had at least one cash flow problem in last 12 months(c)	%	13.4	9.2	*3.9	17.5
Took at least one dissaving action in last 12 months(c)	%	17.4	15.1	8.0	18.4
Number of persons aged 18 years or over	'000	881	636	777	4 897

(a) Characteristics of the household to which the selected person belongs.

(b) Only people who were usual residents of private dwellings were covered by the survey.

(c) Information for some persons was not known or was not adequately reported.

*Source: General Social Survey, NSW, 2002 (cat. no. 4159.1.55.001).*

## CHAPTER 6

## MOBILITY

### INTRODUCTION

Access to transport enables older people to maintain independence and participate in social and community life. As people age they are likely to have less access to transport, due to increased physical difficulties in using both public and private transport, and decreased access to private vehicles. Nonetheless, older people remain active and engaged in a range of activities whose focus has shifted away from the demands of work and their children.

### MODE AND PURPOSE OF TRAVEL

In the Greater Metropolitan Region private vehicles were the most common form of transport for both older men (70%) and women (62%). Men were more likely to be drivers (62%) than older women (31%).

Walking as a form of transport accounted for 23% of trips.

As people age they take fewer trips. For men, the number of trips on an average day decreased from 3.43 trips for those aged 65–74 years to 2.47 trips for those aged 75 years and over. Similarly, for women the number of trips declined from 2.73 trips to 1.76 trips on an average day.

#### 6.1 MODE AND FREQUENCY OF TRAVEL, By age and sex, Greater Metropolitan Region(a)(b)—2002

	Units	65–74 years			75 years and over			65 years and over		
		Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Percentage of trips by mode of travel										
Vehicle driver	%	65.0	35.3	51.2	55.1	23.5	38.4	61.6	30.5	46.4
Vehicle passenger	%	6.5	30.5	17.6	11.0	31.7	21.9	8.0	31.0	19.2
Walking	%	20.5	21.4	21.0	22.6	28.7	25.8	21.2	24.3	22.8
Bus	%	4.1	7.1	5.5	6.9	10.2	8.7	5.0	8.4	6.7
Train/ferry	%	2.9	5.0	3.9	3.2	2.5	2.8	3.0	4.0	3.5
Other(c)	%	1.0	0.7	0.9	1.2	3.4	2.4	1.1	1.8	1.5
Average daily trips	no.	3.43	2.73	3.07	2.47	1.76	2.03	3.03	2.23	2.58

(a) Greater Metropolitan Region comprises Sydney SD, Illawarra SD and Newcastle SSD.

(b) RSEs are not annotated for this survey. See explanatory notes for information on accuracy.

(c) Includes taxi and bicycle.

Source: NSW Department of Infrastructure, Planning and Natural Resources, 2002 Household Travel Survey.

MODE AND PURPOSE OF TRAVEL *continued*

The highest percentages of trips made by older people, in the Greater Metropolitan Region, were for shopping, entertainment, and personal business or services.

6.2 PURPOSE OF JOURNEY, By age, Greater Metropolitan Region(a)(b)—2002

	65–74 years		75 years and over	
	Percentage of total journeys	Average travel time	Percentage of total journeys	Average travel time
	%	min.	%	min.
Shopping	21.3	14.5	22.8	16.3
Entertainment	8.0	17.9	9.4	21.0
Personal business/services	8.1	17.6	8.5	16.6
Social visits	6.7	27.5	6.1	24.3
Recreation	4.9	22.8	5.3	21.8
To drop off/pick up someone	4.6	13.7	2.3	11.4
Work related trips	4.2	18.8	1.8	18.2
Medical	2.0	21.1	2.9	21.5
To accompany someone	1.9	16.2	2.1	19.9
Sport participation	1.6	15.8	1.1	16.7
Other	0.7	58.2	0.4	35.3
Return trips to home	35.9	18.7	37.3	19.4
<b>Total</b>	100.0	18.4	100.0	18.9

(a) Greater Metropolitan Region comprises Sydney SD, Illawarra SD and Newcastle SSD.

(b) RSEs are not annotated for this survey. See explanatory notes for information on accuracy.

Source: Transport and Population Data Centre, NSW Department of Infrastructure, Planning and Natural Resources, 2002 Household Travel Survey.

ACCESSIBILITY OF TRANSPORT

Having access to a motor vehicle can be important for participating in a range of activities, particularly for people living outside the metropolitan areas.

In 2002, older people were less likely to live in a household with a motor vehicle. The reduced access to a motor vehicle was more marked for older women and, consequently, older women had more difficulty getting to places they needed to go to than women aged under 65 years.

6.3 EASE OF TRANSPORT AND ACCESS TO A VEHICLE(a), By age and sex—2002

	Males (%)		Females (%)	
	65 years and over	Total aged 18 years and over	65 years and over	Total aged 18 years and over
Can easily get to places needed	85.0	83.3	69.3	78.8
Cannot, or often has difficulty, getting to places needed(b)	*4.4	3.6	12.4	5.5
Has access to motor vehicle to drive	77.5	87.2	50.3	76.6

(a) Only people who were usual residents of private dwellings were covered by the survey.

(b) Includes housebound.

Source: General Social Survey, New South Wales, 2002 (cat. no. 4159.1.55.001).

ACCESSIBILITY OF  
TRANSPORT *continued*

Half of all older people living alone in Sydney did not have a motor vehicle – a total of 52,600 households. By comparison, older people living in a family or group household in Sydney had much greater access – only 11% (21,400) of these households did not have a motor vehicle.

All types of households outside Sydney were more likely to have a car than their counterparts in Sydney.

6.4 HOUSEHOLDS WITH MOTOR VEHICLES(a)(b)—2001

	<i>Households with at least one person aged 65 years and over</i>							
	Units	<i>Family(c) or group household</i>			<i>Lone person household</i>			All households(d)
		Sydney SD	Balance of NSW	NSW	Sydney SD	Balance of NSW	NSW	
<b>Number</b>								
No motor vehicles	no.	21 395	9 426	30 821	52 591	32 395	84 986	117 369
One or more motor vehicles	no.	167 297	128 938	296 235	50 273	54 051	104 324	407 683
<i>Total(e)</i>	<i>no.</i>	<i>188 692</i>	<i>138 364</i>	<i>327 056</i>	<i>102 864</i>	<i>86 446</i>	<i>189 310</i>	<i>525 052</i>
<b>Percentage</b>								
No motor vehicles	%	11.3	6.8	9.4	51.1	37.5	44.9	22.4
One or more motor vehicles	%	88.7	93.2	90.6	48.9	62.5	55.1	77.6

(a) Registered motor vehicles owned or used by residents of the dwelling and garaged or parked at or near the dwelling on census night.

(b) Excludes motorbikes.

(c) Includes multiple family households.

(d) Includes not stated.

(e) Excludes not stated.

Source: ABS data available on request, 2001 Census of Population and Housing.

ACCESSIBILITY OF  
TRANSPORT *continued*

Public transport is important to people who do not have access to a vehicle or cannot drive.

In the 1998 Survey of Disability, Ageing and Carers an estimated 28% (211,000) of older people did not use public transport when it was available in their area. Of this group, 86% (182,000) stated they did not use public transport because they experienced problems while travelling.

Of all the people who experienced problems using public transport, the main reasons were difficulty getting into and out of vehicles or carriages (53%) and difficulty getting to stops or stations (30%).

6.5 REASONS FOR OLDER PEOPLE NOT USING AVAILABLE PUBLIC TRANSPORT—1998

	<i>Number</i>	<i>Percentage</i>
	'000	%
Difficulty getting into/out of vehicles	96.1	52.9
Difficulty getting to stops or stations	55.1	30.3
Lack of seating/difficulty standing	22.0	12.1
Pain or discomfort	22.0	12.1
Fear/anxiety	18.0	9.9
Sight problems	14.9	8.2
Cognitive difficulties	*5.8	*3.2
Crowds/lack of space	*5.7	*3.1
Behavioural difficulties	..	..
Other	47.7	26.2
<i>Total persons reporting reasons(a)</i>	<i>181.8</i>	<i>100.0</i>
Total persons not using available public transport	211.0	..

(a) Components may not add to total as people may have more than one reason.

Source: ABS data available on request, 1998 Survey of Disability, Ageing and Carers.

## ROAD TRAFFIC ACCIDENTS

People in age groups over 50 years were more likely to be killed as pedestrians than younger age groups. On the other hand younger pedestrians were more likely to be injured. In 2002, injury rates for pedestrians dropped to a low point for the 50–59 year age group, then rose for the 60–69 year age group, and rose again for people aged 70 years and over.

For vehicle occupants, both the death and injury rates were highest for the 17–20 year age group, but people aged 70 years and over also suffered relatively high death rates. These death rates began to increase from a low point in the 50–59 year age group.

The increased rates of death and injury for the most elderly may reflect a declining capacity to detect and react to potentially dangerous situations when walking or driving, as well as more severe consequences of impact due to their increasing frailty.

### 6.6 DEATHS AND INJURIES IN ROAD TRAFFIC ACCIDENTS, By age—2002

<i>Age group</i>	<i>Death rates(a)</i>		<i>Injury rates(b)</i>	
	<i>Vehicle occupants(c)</i>	<i>Pedestrians</i>	<i>Vehicle occupants(c)</i>	<i>Pedestrians</i>
0–16 years	1.5	0.4	101.9	34.5
17–20 years	18.1	1.1	956.2	60.4
21–29 years	9.9	1.1	654.9	47.1
30–39 years	8.5	0.9	432.6	30.1
40–49 years	7.4	1.4	345.5	28.6
50–59 years	4.4	2.0	279.3	25.4
60–69 years	5.6	2.3	203.8	28.6
70 years and over	10.0	3.8	172.8	41.1

(a) Age-standardised death rates per 100,000 of estimated resident population at June 2002.

(b) Age-standardised injury rates per 100,000 of estimated resident population at June 2002.

(c) Includes motor cycles.

Source: Roads and Traffic Authority of NSW; ABS data available on request, 2002 Estimated Resident Population.

## EXPLANATORY NOTES

### DATA RELIABILITY

- 1** Estimates based on a sample survey are subject to two types of error: sampling error and non-sampling error.
- Sampling error **2** *Sampling error* affects all surveys and occurs because data are obtained from only a sample rather than an entire population. The most common measure of sampling error is the *standard error* (SE). This measure indicates the extent to which a survey estimate is likely to deviate from the true population value by chance. Information about standard errors is available for all ABS surveys.
- 3** The relative standard error (RSE) is the standard error expressed as a percentage of the estimate. Only estimates with RSEs of 25% or less are considered sufficiently reliable for most purposes, however, estimates with higher RSEs are included in this publication:

\* denotes that the estimate has a RSE between 25% and 50%, and should be used with caution

\*\* denotes that the estimate has a RSE greater than 50% and is considered too unreliable for general use.

- Non-sampling error **4** Non-sampling error arises from imperfections in reporting, recording or processing of data that can occur in any census, collection or survey. Non-sampling error is difficult to quantify and there are no standard measures of non-sampling error produced for ABS collections. However, every effort is made in the design and operation of ABS collections to minimise non-sampling error.

### ABS CENSUS AND OTHER COLLECTIONS

- Causes of Death, 2002 **5** The deaths collection includes information on the causes of death for the general population. The registration of deaths is the responsibility of the individual state and territory Registrars of Births, Deaths and Marriages.
- 6** The deaths collection includes all deaths that were registered in Australia in the years shown, including deaths of persons whose usual residence is overseas. Usually about 5% to 6% of deaths occurring in one year are not registered until the following year or later. Cause of death statistics for states and territories have been compiled in respect of the state or territory of usual residence of the deceased, regardless of where in Australia the death occurred and was registered.
- 7** All causes of death from 1997 onwards are coded to the tenth revision of the International Classification of Diseases and Related Health Problems (ICD-10). Data from years 1979 to 1996 are coded to the ninth revision of the International Classification of Diseases (ICD-9), which is generally comparable at the broad Chapter level to deaths coded to ICD-10.

Causes of Death, 2002 <i>continued</i>	<p><b>8</b> Detailed explanatory notes are provided in: <i>Causes of Death, Australia, 2002</i>, cat. no. 3303.0.</p>
Census of Population and Housing, 2001	<p><b>9</b> The Census of Population and Housing (the census) is the largest statistical collection undertaken by the ABS. Its objective is to count the number of people in Australia on census night, identifying their key characteristics and those of the dwellings in which they live.</p> <p><b>10</b> The scope of the census is all persons in Australia on census night, and includes:</p> <ul style="list-style-type: none"> <li>■ visitors to Australia</li> <li>■ Australian residents in Antarctica and people in the territories of Jervis Bay, Christmas Island and Cocos (Keeling) Islands</li> <li>■ all occupied dwellings</li> <li>■ unoccupied private dwellings.</li> </ul> <p><b>11</b> The scope excludes:</p> <ul style="list-style-type: none"> <li>■ diplomatic dwellings</li> <li>■ unoccupied private dwellings in caravan parks, marinas and manufactured home estates, and units in accommodation for the retired or aged</li> <li>■ diplomats and their families, and visitors from overseas who are not required to undergo migration formalities, such as foreign crews on ships</li> <li>■ Australian residents out of the country on census night.</li> </ul> <p><b>12</b> The last census was held on 7 August 2001. The first national census was taken in 1911. Since 1967, censuses have been conducted regularly every five years.</p> <p><b>13</b> Detailed explanatory notes are provided in: <i>Census of Population and Housing, Ageing in Australia, 2001</i>, cat. no. 2048.0.</p>
Estimated Resident Population (ERP)	<p><b>14</b> The ERP is the official estimate of the Australian population. The scope of ERP is all usual residents counted on census night, including Australian residents estimated to have been temporarily overseas at the time of the census. Excluded from the scope are overseas visitors in Australia for less than 12 months.</p> <p><b>15</b> The ERP for Australian states and territories is calculated quarterly as at 31 March, 31 June, 30 September and 31 December. ERP is produced in three different stages to meet the conflicting demands of accuracy and timeliness – preliminary, revised and final estimates.</p> <p><b>16</b> Detailed explanatory notes are provided in: <i>Australian Demographic Statistics, December 2003</i>, cat. no. 3101.0.</p>



Population Projections **17** Population projections are not intended as forecasts, but as illustrations of the growth and change in the population which would occur if certain assumptions about future levels of fertility, mortality and net overseas migration were to prevail over the projection period. The assumptions used to derive the population projections included in this publication, are outlined in the Glossary.

**18** The projections for Australia include Christmas Island, Cocos (Keeling) Islands and Jervis Bay. The ABS currently publishes population projections every two to three years.

**19** Detailed explanatory notes are provided in: *Population Projections, 2002 to 2101*, cat. no. 3222.0.

#### ABS SURVEYS

Common exclusions from ABS survey samples **20** The following exclusions apply to the samples used in each of the ABS surveys described below:

- diplomatic personnel of overseas governments
- members of non-Australian defence forces (and their dependents) stationed in Australia
- overseas residents living in Australia
- private dwellings containing visitors only.

**21** Some surveys exclude remote and sparsely settled parts of Australia. This has no effect on estimates in NSW. Other exclusions may also be noted for individual surveys.

Child Care Survey (CCS), 2002 **22** The CCS collects data on the use of, and demand for, child care for children aged less than 12 years.

**23** Information was collected from private dwellings with children under 12 years of age. The survey excluded children visiting the dwelling, students at boarding school, and members of the permanent defence forces. Information was obtained through interviews conducted over a two-week period between 12–24 June 2002. Data collected on the use of child care related to the week prior to the interview.

**24** Detailed explanatory notes are provided in: *Child Care, Australia, June 2002*, cat. no. 4402.0.

Crime and Safety Survey (CSS), Australia, 2002 **25** The CSS collected information nationally from individuals and households about their experience of selected crimes, reporting behaviour and crime-related risk factors.

- Crime and Safety Survey (CSS), Australia, 2002  
*continued*
- 26** The survey was conducted for all persons aged 15 years and over who were usual residents of private dwellings. Members of the permanent defence forces, students at boarding schools, patients in hospitals, residents of homes (e.g. retirement homes, homes for persons with disabilities), and inmates of prisons were excluded from the survey. The CSS was conducted during April to July 2002 as part of the Monthly Population Survey as a supplement to the April Labour Force Survey.
- 27** Detailed explanatory notes are provided in: *Crime and Safety, Australia, April 2002*, cat. no. 4509.0.
- Crime and Safety Survey, New South Wales (NSW CSS), 2003
- 28** The NSW CSS is a user funded survey for the Bureau of Crime Statistics and Research. Information was collected from individuals and households about their experience of selected crimes, reporting behaviour and individuals' perception of crime problems in their neighbourhood.
- 29** The survey was conducted for all persons aged 15 years and over who were usual residents of private dwellings. Members of the permanent defence forces and residents of non-private dwellings such as hospitals, motels and prisons were excluded from the survey. The NSW CSS was conducted throughout NSW in April 2003 as a supplement to the Monthly Population Survey.
- 30** Detailed explanatory notes are provided in: *Crime and Safety, New South Wales, 2003*, cat. no. 4509.1.
- General Social Survey (GSS), 2002
- 31** The GSS collected information about personal and household characteristics. This included information on a range of characteristics from the same individual to enable analysis of interrelationships in social circumstances and outcomes, including the exploration of multiple advantage and disadvantage.
- 32** The scope of the survey was persons aged 18 years or over, who were usual residents of private dwellings. Residents of non-private dwellings such as hospitals, motels and nursing homes were excluded from the survey. The survey was conducted for the first time, from March to July 2002.
- 33** ABS interviewers conducted personal interviews at randomly selected dwellings. Data was obtained from one randomly selected person from each household.
- 34** Detailed explanatory notes are provided in: *General Social Survey, Summary Results, Australia, 2002*, cat. no. 4159.0.
- Labour Force Survey (LFS), 2004
- 35** The LFS is a component of the ABS MPS, and estimates the civilian labour force. The scope of this survey includes all persons aged 15 years and over, excluding members of the permanent defence forces. Data used in this publication are original series data collected for the reference period May 2004.
- 36** Detailed explanatory notes are provided in: *Labour Force, Australia, 2004*, cat. no. 6202.0.

- National Health Survey (NHS), 2001
- 37** The NHS collected information on the health status of the population, use of health services, health related aspects of lifestyle such as risk factors, and demographic and socioeconomic characteristics.
- 38** The scope of this survey included private dwellings across Australia. Residents of non-private dwellings such as hospitals, motels and nursing homes were excluded from the survey. The latest survey was conducted from February to November 2001. Within each selected household, a random sub-sample of usual residents was selected for inclusion as follows: one adult (18 years and over); all children aged 0–6 years; and one child aged 7–17 years.
- 39** Detailed explanatory notes are available in *National Health Survey: Summary of Results, 2001*, cat. no. 4364.0.
- Survey of Disability, Ageing and Carers (SDAC), 1998
- 40** The aims of the SDAC were: to measure the prevalence of disability in Australia and consequent need for support; to provide a demographic and socioeconomic profile of people with disabilities and older people compared with the general population; and to provide information about people who provide care to those with disabilities.
- 41** The survey collected information from:
- people with a disability about their long-term health conditions, need and receipt of assistance, use of aids and equipment such as wheelchairs and hearing aids, and participation in community activities
  - older people about their need and receipt of assistance and participation in community activities
  - people who cared for a person with a disability about the type of care they provide, the support available to them and the effect that the caring role has on their lives.
- 42** The survey included people in both private and non-private dwellings, including people in cared accommodation, but excluded people in gaols and correctional institutions. The SDAC was conducted throughout Australia during the period 16 March to 29 May 1998.
- 43** Detailed explanatory notes are provided in: *Disability, Ageing and Carers: Summary of Findings, 1998*, cat. no. 4430.0
- Survey of Employment Arrangements and Superannuation (SEAS), 2000
- 44** The SEAS was a household survey conducted throughout Australia. The survey collected information on employment arrangements and superannuation.
- 45** The survey was conducted for all persons aged 15 to 69 years who were usual residents of private dwellings. Residents of non-private dwellings such as hospitals, motels and nursing homes were excluded from the survey. Information was collected from individuals by personal interview between April and June 2000, and this was supplemented in some cases with information provided by superannuation funds and administrators between May and October 2000.

Survey of Employment Arrangements and Superannuation (SEAS), 2000 continued

**46** Detailed explanatory notes are provided in: *Superannuation Coverage and Financial Characteristics, Australia, April to June 2000*, cat. no. 6360.0, and *Employment Arrangements and Superannuation, Australia, April to June 2000*, cat. no. 6361.0.

Survey of Income and Housing Costs (SIHC), 2000–01

**47** The SIHC is a continuous monthly survey that collects information on sources of income, amounts received, selected housing costs and characteristics of persons. The survey was conducted for all persons aged 15 years and over who were usual residents of private dwellings.

**48** Residents of non-private dwellings such as hospitals, motels and nursing homes were excluded from the survey. In each month of 2000–01 a sample of approximately 650 dwellings was selected for the SIHC from the responding households in the MPS. Over the year in NSW, a total of 1,529 households, representing 3,024 persons, responded.

**49** Detailed explanatory notes are provided in: *Household Income and Income Distribution, Australia, 2000–01*, cat. no. 6523.0.

Survey of Mental Health and Wellbeing of Adults (SMHWB), 1997

**50** The SMHWB was designed to provide information on: the prevalence of a range of major mental disorders; the level of disability associated with these disorders; and health services used and help needed as a consequence of a mental health problem. The survey was funded by the Mental Health Branch of the Australian Government Department of Health and Family Services as part of the National Mental Health Strategy.

**51** The survey was conducted for all persons aged 18 and over who were usual residents of private dwellings. Residents of non-private dwellings such as hospitals, motels and nursing homes were excluded from the survey. The SMHWB was conducted throughout Australia from May to August 1997.

**52** Detailed explanatory notes are provided in: *Mental Health and Wellbeing: Profile of Adults, Australia, 1997*, cat. no. 4326.0.

Time Use Survey (TUS), 1997

**53** The TUS aimed to measure the daily activity patterns of Australians, to study the differences in patterns of paid work and unpaid household and community work by demographic characteristics, and to measure the productive activities of households. The survey also provides information on time spent caring for people with disabilities and frail older people, caring for children, community participation including voluntary work, leisure activities, fitness and health activities, travel, use of technology, and outsourcing of domestic tasks.

**54** Information was collected from usual residents in private dwellings. The TUS was conducted in 1997, and information was obtained partly by interview and partly by self-completion diaries.

**55** Detailed explanatory notes provided in: *How Australians Use Their Time, 1997*, cat. no. 4153.0.

NON-ABS COLLECTIONS  
AND SURVEYS

Australian Government  
Department of Family and  
Community Services (FaCS),  
Centrelink Customers

**56** FaCS collects data on Centrelink income support payments and services. The data includes demographic details such as sex, marital status, occupation, country of birth, education, and amount of payment.

**57** The scope of the collection is all FaCS income support customers. Data is collected when claim forms are submitted by clients and processed by Centrelink staff. The payment being made determines which form is used, and how frequently the form needs to be submitted. The data presented are for the pay period closest to 30 June. Changes in legislation, which occur from time to time, may affect eligibility and payment types available.

**58** Further information is provided at the FaCS web site:  
<[www.facs.gov.au](http://www.facs.gov.au)>.

NSW Department of Health,  
Inpatient Statistics Collection  
(ISC), 2002–03

**59** The ISC is administered by NSW Health. Information is collected on patient demographics, source of referral to the service, service referred to on separation, diagnoses, procedures, and external causes.

**60** The purpose of the collection is to plan health services, track indicators of health status, and provide statistical information to monitor the use of NSW hospital services. The authority to collect the ISC comes under the *Area Health Service Act 1986* and the *Public Hospitals Act 1929* for public hospitals, and the *Private Hospitals and Day Procedure Centres Act 1988* and the *Health Insurance Act 1973* for private hospitals.

**61** The scope of the ISC is all separations (which includes discharges, transfers or deaths) from NSW public and private sector hospitals following admission for acute care (including separations from day-only facilities). Excluded from the scope are:

- hospital boarders
- nursing home type patients
- clients requiring residential aged care services (including respite) at facilities that have designated residential aged care beds funded by the Australian Government.

**62** The collection period for hospital separations is annual. This publication presents data for the 2002–03 financial year. Individual patients may be counted more than once when more than one separation occurs for an individual during the reference period.

**63** Further information is provided at the NSW Health web site:  
<[www.health.nsw.gov.au](http://www.health.nsw.gov.au)>

NSW Department of Ageing,  
Disability and Home Care  
(DADHC), Home and  
Community Care (HACC)  
Minimum Dataset (MDS),  
2002–03

**64** The HACC MDS is a national data collection that is managed separately in each state. In NSW, DADHC manages the collection, which details the recipients of, and services provided by, HACC-funded service outlets. The data are collected under the authority of the *Home and Community Care Act 1985*. The HACC program provides funding for services which support people whose ability to continue to live at home is at risk, to enhance their independence and avoid their premature admission to long term residential care.

**65** The scope of the collection includes home and community care service providers in NSW, who received funding under the HACC program and who reported to their funding departments during the reference period. HACC services can be offered to people on the condition that the specific service cannot be provided by the person, a carer or other support person or through other government funding, and the person is living in:

- their own home
- retirement village, independent living unit, self care unit, boarding house, group or community housing in the community or in an aged care complex
- unstable housing circumstances (such as transient or homeless people)
- other arrangements not excluded.

**66** Services that are excluded from the scope of the MDS cover: accommodation (including rehousing, supported accommodation, and aged care homes or a related service); aids or appliances (wheelchairs, crutches, etc.); and direct treatment for acute illness (including convalescent or post acute care) except for basic maintenance and support to people following an acute care episode. Data used in this publication are presented for the 2002–03 financial year.

**67** Further information is provided at the DADHC web site:  
<[www.dadhc.nsw.gov.au](http://www.dadhc.nsw.gov.au)>

NSW Roads and Traffic  
Authority (RTA), Road  
Accidents and Casualty,  
2002

**68** The RTA receives accident and casualty data directly from the NSW Police. Police collect information on the location of an accident, the circumstances surrounding the accident, the environmental conditions at the time, the vehicles involved, injuries, fatalities, etc. The data are collected under the authority of the *Road Transport (General) Act 1999* and the *Road Transport (Safety) and Traffic Management) Act 1999*.

**69** Police collect information from all motor accidents that they attend. Police only attend the scene of an accident if:

- someone is killed or injured
- more than \$500 damage is caused to property other than the vehicle concerned
- a party fails to stop and exchange particulars

NSW Roads and Traffic Authority (RTA), Road Accidents and Casualty, 2002 *continued*

- a driver is allegedly under the influence of intoxicating liquor or a drug
- a vehicle is being towed away.

**70** If Police attend the scene of an accident, they must then compile a report on the incident. Once the report has been verified, it is used by the RTA if the accident meets the following criteria:

- reported to Police
- occurred on a road open to the public
- involved at least one moving road vehicle
- involved at least one person being killed or injured or at least one motor vehicle being towed away.

**71** The RTA receives daily road death notifications, and weekly accident information from NSW Police. The reference period for the data presented in *Older Persons, NSW* is the 2002 calendar year.

**72** Further information is provided at the RTA web site: <[www.rta.nsw.gov.au](http://www.rta.nsw.gov.au)>

NSW Department of Infrastructure, Planning and Natural Resource (DIPNR), Household Travel Survey (HTS), 2001–02

**73** The HTS is a continuous survey of the travel patterns of the residents of the Greater Metropolitan Region (GMR) including: the Sydney Statistical Division (SD), the Illawarra SD, and the Newcastle Statistical Subdivision (SSD). It provides day-to-day travel patterns of the residents of the GMR.

**74** The survey collects data on each trip undertaken including information on the mode of travel used, the purpose of the trip, location of origin and destination, and time of departure and arrival. Detailed socioeconomic data are also collected.

**75** The scope of the survey is residents of households in occupied private dwellings within these areas.

**76** The HTS has been running annually since 1997. Each annual HTS estimate consists of three years of pooled HTS data weighted to the Estimated Resident Population for the given year. Data presented in this publication is for the 2001–02 financial year.

**77** Each year, approximately 3,500 households (or 8,500 individuals) are interviewed face to face about their travel on a particular day, with interviews spread across the whole year. The three year sample structure was designed to provide a relative standard error for total trips (all persons) of around 10% with a 95% confidence interval for each Statistical Local Area (SLA).

**78** Further information is provided at the DIPNR web site: <[www.dipnr.nsw.gov.au](http://www.dipnr.nsw.gov.au)>

## GLOSSARY

**Age-specific death rates** Relate to deaths for age groups other than under one year, and are the number of deaths per 100,000 of the estimated resident population as at 30 June of that year in a particular age or sex group.

**Alcohol risk level** Risk levels were determined by the estimated average daily alcohol consumption in the 7 days prior to interview. Average daily consumption in the previous 7 days was estimated using two components:

- the number of days on which the respondent reported consuming alcohol in the previous week
- the quantity consumed on the three most recent days on which they consumed alcohol. For people who drank on no more than 3 days in the last week, their daily average was simply the total consumed divided by 7.

Risk levels are based on the NHMRC risk levels for harm in the long term. The average daily consumption of alcohol associated with the risk levels is as follows:

### ALCOHOL RISK LEVEL

	<i>Males</i>	<i>Females</i>
Low risk	50 ml or less	25 ml or less
Risky	More than 50 ml, up to 75 ml	More than 25 ml, up to 50 ml
High risk	More than 75 ml	More than 50 ml

*Source: National Health Survey, 2001 (cat. no. 4364.0).*

Drinking status information was also collected for those who did not consume any alcohol in the 7 days prior to interview:

- Last consumed more than one week to less than 12 months ago
- Last consumed 2 months or more ago
- Never consumed.

**Assault** An incident, other than a robbery, where the respondent was threatened with force or attack.

**Baby boomer** Australian residents who were born between 1946 and 1965 inclusive. This includes people born overseas during this period who have since migrated to Australia.

**Body mass index (BMI)** Calculated from self-reported height and weight information, using the formula weight (kg) divided by the square of height (m). To produce a measure of the prevalence of overweight or obesity in adults, BMI values are grouped according to the table below which allows categories to be reported against both World Health Organisation and NHMRC guidelines:



BODY MASS INDEX

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Underweight	Less than 18.5
Normal	18.5 to less than 20.0
	20.0 to less than 25.0
Overweight	25.0 to less than 30.0
Obese	30.0 and greater

*Source: National Health Survey, 2001, (cat. no. 4364.0).*

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- Cared accommodation** Comprises the following:
- Accommodation for the retired or aged (cared): accommodation with common living and eating facilities provided for the retired or aged who, in general, are in good health and capable of looking after themselves. Self-contained units on the premises of the home where the occupants provide their own meals are excluded and classified as private dwellings
  - Nursing home: establishments providing mainly nursing care for in-patients
  - Other cared accommodation: hospitals, hostels for the disabled, childcare institutions and other welfare institutions.
- Civilian population** All usual residents of Australia aged 15 years and over except members of the permanent defence forces, certain diplomatic personnel of overseas governments customarily excluded from census and estimated population counts, overseas residents in Australia, and members of non-Australian defence forces (and their dependants) stationed in Australia.
- Couple** Two people in a registered or de facto marriage, who usually live in the same household.
- Disposable income** Gross income after income tax and the Medicare levy are deducted.
- Dissaving actions** Any of the following actions taken in the last twelve months where assets were used, or debts incurred or increased, to pay for basic living expenses:
- reduced home loan payments
  - drew on accumulated savings or term deposits
  - increased the balance owing on credit cards by \$1,000 or more
  - entered into a loan agreement with family or friends
  - took out a personal loan
  - sold household goods or jewellery
  - sold shares, stocks or bonds.

<b>Employed</b>	<p>All persons aged 15 years and over who, during the reference week:</p> <ul style="list-style-type: none"> <li>■ worked for one hour or more for pay, profit, commission or payment in kind in a job or business, or on a farm (comprising employees, employers and own account workers); or</li> <li>■ worked for one hour or more without pay in a family business or on a farm (i.e. contributing family workers); or</li> <li>■ were employees who had a job but were not at work and were: <ul style="list-style-type: none"> <li>i. away from work for less than four weeks up to the end of the reference week; or</li> <li>ii. away from work for more than four weeks up to the end of the reference week and received pay for some or all of the four week period to the end of the reference week; or</li> <li>iii. away from work as a standard work or shift arrangement; or</li> <li>iv. on strike or locked out; or</li> <li>v. on workers' compensation and expected to return to their job; or</li> <li>vi. were employers or own account workers, who had a job, business or farm, but were not at work.</li> </ul> </li> </ul>
<b>Employer or business contribution</b>	<p>The amount contributed to a person's superannuation fund by their employer or business. The Superannuation Guarantee scheme, introduced in 1992, requires employers to contribute a minimum amount to superannuation for most of their employees.</p>
<b>Equivalised disposable household income</b>	<p>Disposable household income adjusted using an equivalence scale. For a lone person household it is equal to disposable household income. For a household comprising more than one person, it is an indicator of the disposable household income that would need to be received by a lone person household to enjoy the same level of economic wellbeing as the household in question.</p>
<b>Estimated Resident Population</b>	<p>The official ABS estimate of the Australia population according to where people usually live. Estimated Resident Population (ERP) is based on results from the latest population census, adjusted for under-enumeration and Australian residents temporarily overseas at the time of the census. Population estimates are then updated quarterly for subsequent births, deaths and overseas and interstate migration.</p>
<b>Exercise level</b>	<p>Based on frequency, intensity (i.e. walking, moderate exercise and vigorous exercise) and duration of exercise (for recreation, sport or fitness) in the 2 weeks prior to interview. From these components, an exercise score was derived using factors to represent the intensity of the exercise. Scores were grouped for output as: Sedentary (includes no exercise), Low, Moderate, or High.</p>

<b>Family</b>	Two or more persons, one of whom is at least 15 years of age, who were related by blood, marriage (registered or de facto), adoption, step or fostering, and who were usually resident in the same household. The basis of a family is formed by identifying the presence of a couple relationship, lone parent-child relationship or other blood relationship. Some households will, therefore, contain more than one family.
<b>Feelings of safety at home alone</b>	How safe a person feels when alone at home, both during the day and after dark. Feelings are reported on a five point scale, from very safe to very unsafe. If they indicated that they are never home alone this response was recorded.
<b>Financial stress</b>	Three measures are used that are aimed at identifying households that may have been constrained in their activities because of shortage of money. The measures are the ability to raise 'emergency money', whether the household had cash flow problems and whether householders had taken dissavings actions.
<b>Full-time employees</b>	Full-time employees are permanent, temporary and casual employees who normally work the agreed or award hours for a full-time employee in their occupation and who received pay for any part of the reference period. If agreed or award hours do not apply, employees are regarded as full-time if they ordinarily work 35 hours or more per week. Casual employees whose hours vary each week are classified as full-time if the hours worked in the reference week are 35 hours or more.
<b>Government Health Concession Card</b>	Refers to a range of government health entitlement and concession cards which provide for medical or related services free of charge or at reduced rates to recipients of Australian Government pensions or benefits. The Medicare card is excluded.
<b>Gross income</b>	Regular cash receipts before income tax or the Medicare levy are deducted.
<b>Hospital separations</b>	The total number of separations in all hospitals (public and private) providing acute care services per 1,000 estimated resident population of the reference year. A separation is an episode of care which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay ending in a change of status (for example from acute care to rehabilitation).
<b>Household</b>	A group of two or more related or unrelated people who usually resided in the same dwelling and who made common provision for food or other essentials for living; or a person living in a dwelling who made provision for his or her own food and other essentials for living without combining with any other person.

<b>Housing costs</b>	<p>Housing costs comprise the following for the 3 different tenure type categories shown:</p> <ul style="list-style-type: none"> <li>■ owner without a mortgage – rates payments (general and water)</li> <li>■ owner with a mortgage – rates payments plus mortgage payments if the initial purpose of the mortgage was primarily to buy, build, add to or alter the dwelling</li> <li>■ renter – rent payments.</li> </ul>
<b>Hypertension</b>	High blood pressure, either treated or untreated.
<b>Labour force participation rate</b>	The participation rate in any age group is the labour force (i.e those who are employed or unemployed, as defined) expressed as a percentage of the civilian population in the same age group.
<b>Life expectancy</b>	Life expectancy refers to the average number of additional years a person of a given age and sex might expect to live if the age-specific death rates of the given period continued throughout his or her lifetime.
<b>Lone person</b>	A person who made provision for his or her food and other essentials for living, without combining with any other person to form part of a multi-person household. He or she may have lived in a dwelling on their own or shared a dwelling with another individual or family.
<b>Lone person household</b>	A household consisting of a person living alone.
<b>Long-term conditions</b>	A condition which in the respondent's opinion has lasted for 6 months or more, or which he or she expects will last for 6 months or more.
<b>Long-term mental and behavioural problems</b>	<p>The long-term mental and behavioural problems included in the 2001 NHS were:</p> <ul style="list-style-type: none"> <li>■ organic mental problems</li> <li>■ alcohol and drug problems</li> <li>■ mood (affective) disorders</li> <li>■ anxiety related problems</li> <li>■ problems of psychological development</li> <li>■ behavioural and emotional problems with usual onset in childhood or adolescence</li> <li>■ other mental and behavioural problems.</li> </ul>
<b>Median</b>	For any distribution the median value is that value which divides the relevant population into two equal parts, half falling below the value, and half exceeding it.
<b>Non-private dwellings</b>	Non-private dwellings are establishments which provide a communal type of accommodation. For example, hotels, motels, boarding houses, guest houses, prisons, hospitals and childcare institutions. Includes accommodation for the retired or aged (cared).

<b>Older person</b>	A person aged 65 years and over.
<b>Part-time employees</b>	Part-time employees are those who are not full-time employees as defined.
<b>Pre-retired persons</b>	Persons who are employed or who intend to become employed in the future.
<b>Population projection</b>	<p>An estimate of the size, structure and distribution of Australia's future population. The projections are based on a combination of assumptions on future levels in births, deaths and migration.</p> <p>In this publication ABS Series II population projections were used. The assumptions used in the series were:</p> <ul style="list-style-type: none"> <li>■ total fertility rate will fall to 1.6 births per woman by 2011 and then remain constant</li> <li>■ age specific death rates will decline such that life expectancy at birth will increase by 3 to 5 years in 2050–51</li> <li>■ net overseas migration of 100,000 from 2005–06 onwards</li> <li>■ internal migration of 'medium' net gains and losses for each state.</li> </ul>
<b>Private dwellings</b>	A private dwelling is normally a house, flat or even a room. It can also be a caravan, houseboat, tent, a house attached to an office or rooms above a shop. Includes accommodation for the retired or aged (self-care).
<b>Remoteness areas</b>	<p>These areas provide a measurement of whether geographic distances impose restrictions on the availability of a range of goods, services and opportunities for social interaction:</p> <ul style="list-style-type: none"> <li>■ Major cities – imposes minimal restriction</li> <li>■ Inner regional – imposes some restriction</li> <li>■ Outer regional – imposes moderate restriction</li> <li>■ Remote – imposes high restriction</li> <li>■ Very remote – imposes highest restriction.</li> </ul>
<b>Retired persons</b>	Persons who were no longer working and did not intend to work in the future.
<b>Robbery</b>	An incident where someone stole something from a respondent by threatening or attacking them. It includes incidents of attempted robbery where someone attempted to steal something from the victim but nothing was actually stolen.
<b>Self assessed health status</b>	Refers to respondent's general assessment of own health, against a 5 point scale from excellent through to poor.

<b>Sexual assault</b>	An incident which was of a sexual nature involving physical contact: includes rape, attempted rape, indecent assault, and assault with intent to sexually assault. Sexual harassment (that did not lead to an assault) was excluded. Only females aged 18 years and over were asked sexual assault questions.
<b>Smoker status</b>	Refers to the smoking status of adults at the time of the survey, and incorporates the notion of (regular) smoking, as reported by respondents, excluding chewing tobacco and smoking of non tobacco products.
<b>Unemployed</b>	Persons aged 15 years and over who were not employed during the reference week, and: <ul style="list-style-type: none"> <li>■ had actively looked for full-time or part-time work at any time in the four weeks up to the end of the reference week and were available for work in the reference week; or</li> <li>■ were waiting to start a new job within four weeks from the end of the reference week and could have started in the reference week if the job had been available then.</li> </ul>
<b>Usual daily serves of fruit</b>	Refers to the number of serves of fruit (excluding drinks and beverages) usually consumed each day as reported by the respondent. Fruit included fresh, dried, frozen and tinned. A serve of fruit was defined as approximately 150 grams of fresh fruit or 50 grams of dried fruit.
<b>Usual daily serves of vegetables</b>	Refers to the number of serves of vegetables (excluding drinks and beverages) usually consumed each day as reported by the respondent. Vegetables included all types such as potatoes, salad and stir-fried vegetables, whether fresh, frozen or tinned. A serve of vegetables was defined as approximately 75 grams of vegetables.
<b>Victim</b>	A person reporting at least one of the offences surveyed. Victims were counted once only for each type of offence, regardless of the number of incidents of that type.
<b>Victimisation rate</b>	The number of victims of an offence in a given population expressed as a percentage of that population.
<b>Voluntary work</b>	The 2000 Survey of Voluntary Work defined a volunteer as someone who willingly gave unpaid help, in the form of time, service or skills through an organisation or group.

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