

State of the Community Report

Fairfield City Council

November 2003

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ATSI	Aborigines and Torres Strait Islanders
BOSCAR	NSW Bureau of Crime Statistics and Research
DET	NSW Department of Education and Training
DLG	NSW Department of Local Government
ESB	English speaking background
CATHED	Catholic Education Commission (NSW)
GWS	Greater Western Sydney
HACC	Home and Community Care Program run by the Australian Department of Health and Ageing
LGA	Local government area
NESB	Non-English speaking background
NESC	Non-English speaking country
NSW	New South Wales
OSB	Overseas born
SSD	Sydney Statistical District
SWSAHS	South West Sydney Area Health Service
SWSAHA EP	SWSAHS Epidemiological Profile 2000
WESTIR Ltd	Western Sydney Information and Research Service Ltd
WESROC	Western Sydney Regional Organisation of Councils
WHO	World Health Organisation

OVERVIEW OF FAIRFIELD LGA

With a population count of 181,900 residents in 2001, Fairfield was the third most populated LGA in the Sydney Statistical Division after Blacktown and Sutherland LGAs. In 2001, more than half (52.5%) of Fairfield's residents were born overseas and nearly all of these (95%) were born overseas in a non-English speaking country. In that year, Fairfield and Auburn LGAs had the highest *proportion* of overseas born residents of any LGA in Australia. As well, Fairfield had the third highest *number* of residents who were overseas born (after Brisbane and the Gold Coast). Fairfield is the LGA with the highest *number and proportion* (66%) of language-other-than-English speakers, and has the highest *number and proportion* of residents who do not speak English well or at all¹.

In 2001, Fairfield had a higher proportion (15.4%) of one parent family households than Greater Western Sydney (13.2%) and the Sydney Statistical Division (14.1%). A higher proportion of residents (70.1%) travelled to work by private transport than in GWS and Sydney. Two in three residents had individual weekly incomes of \$399 or less. The average and median annual household incomes for the local government area (\$50,640 and \$39,520 respectively) were less than for Greater Western Sydney and the Sydney Statistical Division. Unemployment rates were higher than Greater Western Sydney and the Sydney Statistical Division for all age groups. A higher proportion of residents were employed in Fairfield as tradespersons/related workers, intermediate production/transport workers and labourers/related workers than in Greater Western Sydney and the Sydney Statistical Division. The Fairfield local government area had a higher proportion of females who worked as labourers/related workers than in Greater Western Sydney and the Sydney Statistical Division.

At the time of preparing this report, important demographic trends evident in Fairfield were:

- The population of Fairfield increased by 6,791 persons or 3.9% between 1991-2001.
- Significantly more females (4,666) than males (2,125) made up this total of 6,791 persons.
- In 1986, 908 persons were of Aboriginal and Torres Strait Islander descent. By 2001, this had increased by 210 persons to 1,118 in 2001, after peaking at 1,292 in 1996.
- There were 1,525 fewer 0-4 year olds in Fairfield in 2001 than there were in 1991.
- Conversely, there were 5,489 more people aged 65 or over in 2001 compared to 1991.
- Other age groups to 'drop' numbers in the period 1991-2001, were the 5-14 year olds (948 fewer) and 15-24 year olds (2,071 fewer).
- There were 3,549 more 25-54 year olds in this period and 1,654 more 55-64 years olds.

¹ Department of Immigration and Multicultural and Indigenous Affairs, 2003, The People of Australia, Statistics from the 2001 Census, Internet: www.immi.gov.au/research/publications/people_of_australia.pdf

- The population of Fairfield is ageing. The median age of the Fairfield population has increased from 28 in 1986 to 33 in 2001.
- The proportion of Fairfield residents born overseas increased from 45.9% in 1986 to 52.4% in 2001.
- Of these, 49.6% were born in non-English speaking countries in 2001, compared to 41% in 1986.
- The number of unemployed persons dropped by 8,249 from 17,680 in 1991 to 9,431 in 2001.
- However, the workforce participation rate also dropped - from 61.3% in 1991 to 52.7% in 2001 suggesting a higher proportion of residents are dependent on other forms of income support.
- There has been more growth in the number of dwelling structures in Fairfield other than separate houses. The number of 'other dwellings' increased by 2,623 between 1991 and 2001, whereas the number of separate dwellings only increased by 1,860.
- The proportion of workers travelling to work by public transport has fallen and the proportion of workers using private transport has risen.
- The dominant family type in 2001 comprised a couple with dependent children and other children, whereas in 1986 the dominant family type was a couple with dependent children only.
- The proportion of single parent households increased from 8.8% in 1986 to 18.3% in 2001. In 1986, 20% of all families were classified as 'other families'. This had reduced to 2% in 2001.
- The average household size reduced from 3.7 persons per household in 1986 to 3.33 persons per household in 2001.
- Since 1991 there has been a decrease of \$400 in the median household annual income, but the median monthly mortgage repayment has increased by \$216 over the same period.

Fairfield local government area has 27 suburbs. These are, in alphabetical order, Abbotsbury, Bonnyrigg, Bonnyrigg Heights, Bossley Park, Cabramatta, Cabramatta West, Canley Heights, Canley Vale, Carramar, Cecil Park, Edensor Park, Fairfield, Fairfield East, Fairfield Heights, Fairfield West, Greenfield Park, Horsley Park, Lansvale, Mount Pritchard, Old Guildford, Prairiewood, Smithfield, St Johns Park, Villawood, Wakeley, Wetherill Park, and Yennora.

Table 1, at the end of this report, shows the distribution of some key demographic features across these suburbs. These are summarised below.

SUBURB PROFILE

- **The most populated suburbs** in 2001 were Cabramatta (19,391 residents), Fairfield (14,586 residents) and Bossley Park (14,444 residents).
- Yennora (1,286 residents) and Cecil Park (596 residents) were the **least populated suburbs**.
- Bonnyrigg experienced the largest actual number of **new residents** between 1996 and 2001 (1,142 persons) while Old Guildford had the largest proportional population increase (+29.7%).
- Cabramatta had the **largest population decline** 1996 and 2001 (2,596 residents) while Fairfield East had the largest proportional population decline (-18.5%).
- Bonnyrigg had the largest number (187 persons) and proportion (2.1%) of **indigenous residents**.
- Cabramatta had the largest number (12,783 persons) and proportion (65.6%) of **residents born in non English speaking countries**. It also had the largest number (6,802 residents) and proportion (50.5%) of **poor English speakers**.
- The largest number of **children aged 0-4 years** lived in Cabramatta (1,704 children) while Old Guildford had the highest proportion (8.8%) of this age group.
- Cabramatta also had the most **primary school children aged 5-11 years** (1,838) while Abbotsbury had the highest proportion (15.1%) of this age group
- Bossley Park had the largest number of **young people aged 12-17 years** (1,748) while Abbotsbury had the highest proportion (13%) of this age group
- Cabramatta had the most **young adults aged 18-25 years** (2,057) while Cecil Park had the highest proportion (15.3%) of this age group
- Cabramatta also had the most **older residents aged 65 years and over** (2,302) while Yennora had the highest proportion (19.4%) of this age group
- Bossley Park had the largest number of dwellings (784 dwellings) with **three or more motor vehicles** while Cecil Park had the highest proportion (40.9%)
- **Private rental housing** was located primarily in Cabramatta (2,548 dwellings) while Fairfield had the highest proportion (41.4%) of this housing type.
- **One parent families** were primarily located in Cabramatta (1,128 households) while Bonnyrigg housed the highest proportion (23.4%) of this household type.
- The largest number of **lone person households** were in Cabramatta (1,189) while Carramar housed the highest proportion (33.5%) of this household type
- The largest number of residents aged 15 years and over **with post school qualifications** lived in Bossley Park (3,223 residents) while Abbotsbury housed the highest proportion (34.9%) of this group
- Cabramatta had the largest number (12,921 residents) and highest proportion (84.8%) of residents aged 15 years and over with **no post school qualifications**
- Bossley Park had the largest number (1,647 residents) and Abbotsbury the highest proportion (34.8%) of residents with occupations as **managers, professionals or associate professionals**
- Bossley Park had the largest number (2,052 residents) and Abbotsbury (35.3%) the highest proportion of residents with occupations as **advanced clerical/service, intermediate clerical/sales or elementary clerical/sales/service workers**
- Cabramatta had the largest number (2,958 residents) and proportion (54.7%) of residents with occupations as **tradespersons, intermediate production and transport workers or labourers/related workers**

BACKGROUND

Changes to the NSW Local Government Act and associated Regulations in the 1990s formalised requirements on Councils in NSW to prepare social or community plans. These plans are expected to assist Councils meet various responsibilities under the Local Government Act 1993, including to

- provide 'adequate, equitable and appropriate services and facilities for the community',
- 'exercise its functions in a manner that is consistent with and actively promotes the principles of multiculturalism'
- 'promote and to provide and plan for the needs of children' and
- 'have regard to the long term and cumulative effects of its decisions' (Clause 8).

Councils also have responsibilities under other legislation such as the Community Relations Commission and Principles of Multiculturalism Act 2000.

The NSW Local Government (General) Amendment (Community and Social Plans) Regulation 1998 requires Councils to 'develop a social or community plan in accordance with departmental guidelines' (DLG Circular 98/10). Social and Community Planning and Reporting Guidelines issued by the NSW Department of Local Government in December 2002 state that both a demographic profile and a needs assessment of the (area based) community are essential components of a social or community plan. The Department's accompanying manual encourages councils to develop their own demographic profile, emphasising that such profiles desirably contain information from a range of published sources and agencies and not just the Australian Bureau of Statistics (Part B, Step 2, p 17). The requirement for a needs assessment virtually ensures that this additional data is collected.

Social Plans must be prepared every five years and be taken into account each year in the preparation of a council's management plan. Fairfield Council prepared a community profile in 1998 based substantially on 1996 Census data and augmented with data from the Area Health Service, the Department of School Education and the Bureau of Crime Statistics and Research.

This State of the Community Report seeks to update and improve the 1998 community profile and provide an accurate 'snapshot' of Fairfield and its communities and the issues that confront them.

THE FRAMEWORK

The approach taken in this document is to provide a picture of the State of the Community of Fairfield through the use of indicators. A similar approach is taken by councils when preparing their State of the Environment Reports. The indicator-based approach allows Council to select data which is telling and critical for social wellbeing in the LGA, and which, together, paint a picture of the social health of the LGA.

A key element of this approach is the selection process. Councils require indicators which are easy to obtain, easy to understand and whose meaning is easy to apply. At the end of this report is a Background Paper setting out in more detail some important considerations in the selection of indicators. Council also needs to be confident that the suite of indicators selected is meaningful and relevant to social wellbeing. To achieve this, the suite of indicators has been based on a substantial body of independent research into the causal relationships which affect the health of a community – using ‘health’ in its broadest sense. This body of research has been summarised for use by public policy makers at all levels of government by the Centre for Urban Health at the World Health Organisation (WHO) Regional Office for Europe². Prepared in response to a WHO campaign to ensure that *‘all settings of social life and activity, such as the city, school, workplace, neighbourhood and home should provide greater opportunities for promoting health’*, this publication represents a concerted effort to present the facts for which there is clear and conclusive evidence for use by public policy makers. The key aspects of social and economic circumstances which affect health are: the **social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, transport**. Working within these categories, this report briefly quotes (from the WHO document) the important research findings on which the category is based and then describes the situation in Fairfield revealed by the indicators.

This report relies on data which is publicly available for Fairfield (or, occasionally, for Fairfield and Liverpool) and is likely to be available in the future. A considerable amount of data about Australia or NSW is not available by LGA. In some categories more information is available than in others. Where several kinds of similar data are available, for example as measures of relative income levels, measures have been selected on the basis that they are telling, easy to understand and relatively easy for Council to calculate. The meaning of an indicator may only really clear in comparison with other times or other places. For this reason, wherever possible, this report includes data for previous years and comparable places such as nearby LGAs or Greater Western Sydney.










² Wilkinson Richard and Michael Marmot (1998) *Social Determinants of Health: The Solid Facts*, WHO Regional Office for Europe, INTERNET: www.who.dk/healthy-cities

INTRODUCTION TO OVERVIEW OF INDICATORS

The following summary table highlights the outcomes of the indicator data collected for the Fairfield LGA and provides a “snapshot” of the State of the Community of Fairfield. For each key aspect of social and economic circumstances which the WHO considers affects health and social wellbeing, the following criteria have been used to assess what the indicators show about the State of the Community of Fairfield. This will assist Council in determining priorities for future resource planning. The criteria used in following table are:

- **Action required:** these indicators generally show that this aspect is worse or getting worse for the Fairfield LGA than for Sydney as a whole and historically there are no signs of improvement. However, in some cases we have included issues which at any level are a cause for concern. For example, this is the case with regard to children at risk of poverty.
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- **Cause for concern:** these indicators generally either show that this aspect is worse for the Fairfield LGA than for Sydney as a whole but that historically, there are signs of improvement, or that the situation of concern in Fairfield is no worse than for Sydney as a whole. An example is housing stress.
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- **Going Well:** these indicators generally show that this aspect is better for the Fairfield LGA than for Sydney as a whole, or that there is a strong improvement in the data, or that there is a high level of satisfaction with the way things are.

OVERVIEW OF INDICATORS

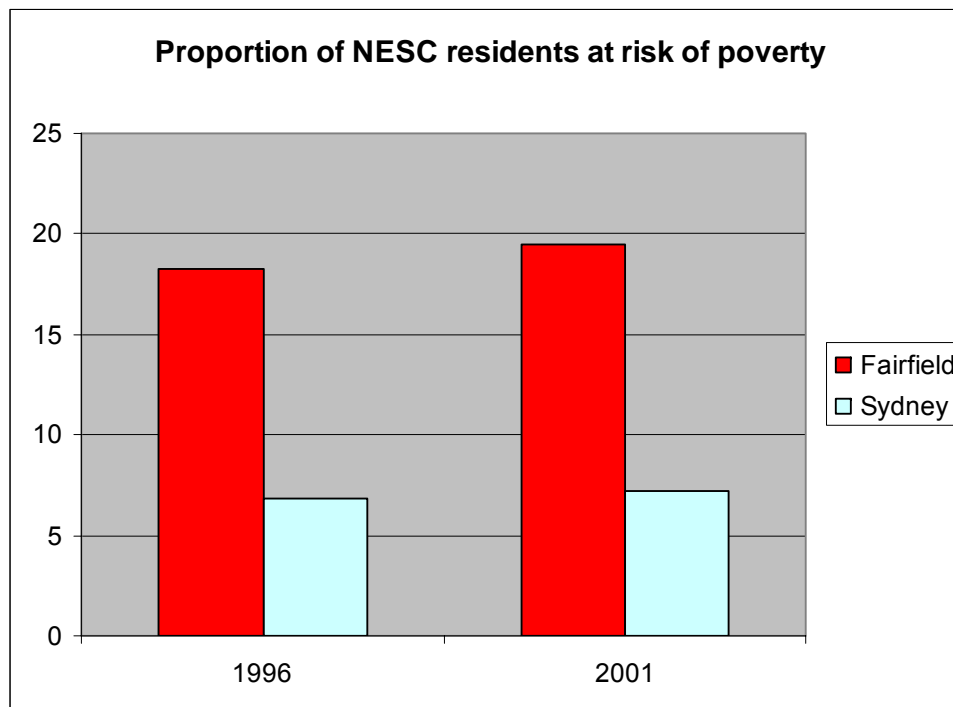
	 ACTION REQUIRED  	  CAUSE FOR CONCERN 	   GOING WELL
THE SOCIAL GRADIENT	Low income of residents from non-English speaking countries	Post school qualifications School retention rates	Life expectancy at birth
STRESS	Heart disease Assault rates AVOs granted	Housing stress	
EARLY LIFE	Children at risk of poverty	Infant mortality rate Immunisation rates Childcare places	
SOCIAL EXCLUSION	New residents with poor/no English language skills	Internet usage Computer at home Rate of use of HACC services	
WORK	Travel times and distances to work by public transport Labour force participation rates	Proportion of the NESC workforce in professional, managerial & administrative jobs	
UNEMPLOYMENT	Unemployment rates	Number of residents in receipt of government benefits	
SOCIAL SUPPORT			Perceptions of neighbourliness Opportunities for civic participation
ADDICTION	Net loss on gaming machines per adult Number of adults per gaming machine High number of narcotic drug offences	Smoking Alcohol consumption	
FOOD		Diabetes Obesity	Number of greengrocers
TRANSPORT	Levels of physical activity	Reliance on motor vehicles for travel	

THE SOCIAL GRADIENT

The research evidence: ‘Poor social and economic circumstances affect people’s health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death of those near the top...Most diseases and causes of death are more common lower down the social hierarchy. The social gradient in health reflects material disadvantage and the effects of insecurity, anxiety and lack of social integration’. Disadvantage has many forms and can be absolute or relative. It can include having few family assets, having a poorer education during adolescence, becoming stuck in a dead-end job or having insecure employment, living in poor housing and trying to bring up a family in difficult circumstances. These disadvantages tend to concentrate among the same people, and their effects on health are cumulative. The longer people live in stressful economic and social circumstances, the greater the physiological wear and tear they suffer and the less likely they are to enjoy a health old age.’ (from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: Census data indicates that a significant proportion of Fairfield residents are at risk of poverty. The proportion of Fairfield residents born in non English speaking countries with incomes in the lowest three income groups (ie less than \$200 per week in 2001) was three times higher than for Sydney. Fairfield also has a high proportion of residents with no vocational or higher qualifications although apparent school retention rates are improving. These indicators suggest that for some Fairfield residents issues of social disadvantage and the social gradient are likely to have a significant impact on their well-being.

Residents at risk of poverty: More than one in three (37.1%) Fairfield residents aged 15 years and over had incomes in the lowest three income groups which in 2001 amounted to less than \$200 per week. This was an increase from 1996 and higher than the proportion of Sydney residents in these income groups (24.7% in 2001). However, the proportion of Fairfield households on low household incomes decreased over the same period. This may be as a result of the increase in part-time employment in the LGA (see Work). The proportions of Aboriginal and Torres Strait Islander (ATSI) individuals and households in Fairfield on low incomes were comparable with Sydney. Similarly, the proportion of older residents in Fairfield on low incomes was also similar to Sydney with only a slight increase between 1996 and 2001. However, an analysis of incomes of Fairfield residents from non-English speaking countries (NESC) shows that the proportion of individuals from non-English speaking countries with incomes in the lowest three income groups was more than three times higher than for Sydney in both 1996 and 2001. In 2001, almost two in ten residents in Fairfield (19.5%) with incomes less than \$300 per week were from non English speaking countries. Similarly, the proportion of households in Fairfield with incomes less than \$400 per week from non English speaking countries was three times higher than for Sydney in both 1996 and 2001. It is evident that in Fairfield, residents from non English speaking countries have a higher level of economic disadvantage than both residents from English speaking backgrounds in the Fairfield LGA and many other residents from non English speaking countries in other LGAs. This is likely to affect the social well-being and long term health of these residents.



NESC individuals and households with low incomes

Proportion of NESC individuals aged 15 years and over with incomes in the lowest 3 income groups in Fairfield compared to Sydney (i.e. below \$160 per week in 1996 or below \$200 per week in 2001)	Fairfield	1996 – 18.3% 2001 – 19.5%	Sydney	1996 – 6.8% 2001 – 7.2%
Proportion of NESC ³ households with incomes in the lowest 4 income groups in Fairfield as compared to Sydney SD (i.e. below \$400 in 1996 or 2001)	Fairfield	1996 – 16.6% 2001 – 14.8%	Sydney	1996 – 6.6% 2001 – 5.4%

³ NESC h/h defined as head of h/h born overseas in a non-English speaking country.

ATSI individuals and households with low incomes

Proportion of ATSI individuals aged 15 years and over with incomes in the lowest 3 income groups in Fairfield compared to Sydney (i.e. below \$160 per week in 1996 or below \$200 per week in 2001)	Fairfield	1996 – 0.12% 2001 – 0.14%	Sydney	1996 – 0.16% 2001 – 0.19%
Proportion of ATSI households with incomes in the lowest 4 income groups in Fairfield as compared to Sydney SD (i.e. below \$400 in 1996 or 2001)	Fairfield	1996 – 0.24% 2001 – 0.17%	Sydney	1996 – 0.27% 2001 – 0.22%

Older individuals with low incomes

Proportion of aged persons with incomes in the lowest 3 income groups in Fairfield compared to Sydney (i.e. below \$160 per week in 1996 or below \$200 per week in 2001)	Fairfield	1996 – 4.9% 2001 – 6.5%	Sydney	1996 – 4.5% 2001 – 4.8%
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All individuals and all households with low incomes

Proportion of individuals aged 15 years and over with incomes in the lowest 3 income groups in Fairfield as compared to Sydney SD (i.e. below \$160 per week in 1996 or below \$200 per week in 2001)	Fairfield	1996 – 35.1% 2001 – 37.1%	Sydney	1996 – 24.8% 2001 – 24.7%
Proportion of households with incomes in the lowest 4 income groups in Fairfield as compared to Sydney SD (i.e. below \$400 in 1996 or 2001)	Fairfield	1996 – 25.8% 2001 – 21.4%	Sydney	1996 – 23.4% 2001 – 16.9%

Life expectancy: is an indicator of the gaps in income, education and life skills in a society. Data for Fairfield shows that life expectancy is increasing and residents of Fairfield have a slightly longer life expectancy than residents of GWS and Sydney as a whole.

Life expectancy at birth in Fairfield as compared with SW Area Health Service Area and NSW	Fairfield: 1985-9	M: 72.5	GWS: 1985-9	M: na	NSW: 1985-9	M: 72.6
		F: 78.6		F: na		F: 79.1
	1990-4	M: 73.5	1990-4	M: 73.5	1990-4	M: 73.6
		F: 78.9		F: 79.1		F: 79.5
	1993-7	M: 75.4	1993-7	M: 75.1	1993-7	M: 75.0
		F: 81.2		F: 80.3		F: 80.5

School retention rates: Apparent school retention rates for Year 7 –Year 12 students at government schools are improving in the Fairfield School District rising from 78% in 2001 to 80.9% in 2002. This is higher than the NSW average 65.2% but not as good as some other Sydney LGAs where apparent rates are much higher (eg Parramatta School District 85.1% in 2002).

Apparent school retention rate for Year 7 to Year 12 for government schools	Fairfield School District		Parramatta School District		Sydney	
	2001	78%	2001	77.5%	2001	63.5%
	2002	80.9%	2002	85.1%	2002	65.2%

Qualifications: the proportion of residents aged 15 years and over with vocational or higher qualifications has increased from 19.7% in 1996 to 23.1% in 2001. However, it remains significantly lower than in GWS and Sydney where in 2001 the proportion of residents with vocational or higher qualifications was 32.5% and 38.7% respectively.

% population aged 15 years and over with vocational or higher qualifications in Fairfield compared with GWS and Sydney Metro Region (excludes Year 12 schooling)	Fairfield:		GWS:		Sydney:	
	1996	19.7%	1996	33.3%	1996	33.3%
	2001	23.1%	2001	32.5%	2001	38.7%

ASYLUM SEEKERS AND REFUGEES

Refugees, asylum seekers on Temporary Protection Visas (TPVs) and people on Bridging Visas, with or without the right to work and access Medicare, are among the most vulnerable and disadvantaged people on the social gradient. According to Hansard⁴ there were 2232 TPV holders in NSW in receipt of a Special Benefit payment from Centrelink in June 2003. They comprised 50.06% of all TPV holders receiving the Special Benefit in the country at that date.

In a reply to Question 1448, the Minister for Immigration and Multicultural and Indigenous Affairs noted that Special Benefits recipients comprise 'around half of the group of TPV holders'. On this basis, it may be assumed that in June 2003 there were around 8918 TPV holders in Australia of whom roughly 50% or 4459 were in NSW. Data from Centrelink for August 2003 shows that TPV holders in receipt of benefits in the Fairfield LGA were clustered in the 2165 postcode, covering Fairfield, Fairfield Heights, Fairfield East and Fairfield West.

Postcode	2163	2164	2165	2166	2176	2177
TPV holders on benefits Aug 2003	<20	21	238	27	49	<20

Assuming that TPV holders on benefits in Fairfield comprise about half of all TPV holders in Fairfield, it is likely that there are about 476 TPV holders in the 2165 postcode with another 200 or more elsewhere in the LGA, a total of 600-700 altogether.

On 11 March 2002 Mr Laurie Ferguson asked the Minister for Citizenship and Multicultural Affairs (among other things) for the total number of humanitarian/refugee stream migrants in English Proficiency group 3 and 4⁵ who had settled in each LGA in metropolitan Sydney. The reply⁶ appears to relate to the period 1997-2001 and shows that Fairfield LGA was the *intended* address for 3459 of such arrivals or 22.37% of humanitarian/refugee immigrants who intended to reside in the Sydney Statistical district. More humanitarian immigrants gave intended addresses in Fairfield than any other Sydney LGA. The next most frequent intended address was Liverpool (2951 persons). Fairfield was also the most frequently mentioned intended address for 'family stream' migrants in English Proficiency groups 3 and 4 - 3958 or 13% of all such immigrants to the Sydney Statistical District. The next most frequently mentioned LGA was Canterbury (3058 persons).

All this data indicates that Fairfield is likely to be the LGA of residence of a significant number of TPV holders, refugees and people with low levels of English language proficiency. A number of Fairfield-based community organisations offer services to TPV holders, people on bridging visas and people accepted as refugees. These include The Humanitarian Settlement Service (9755 0233, 9726 3544) which in September 2003 was assisting 200 permanent refugee holders all of whom have been in refugee camps; The House of Welcome at Caramar (9727 9290), and STARTTS at Fairfield (9794 1900). These organisations note that many of their clients have experienced extreme trauma, and/or are unfamiliar with Western society and its laws and practices, come from cultures with different parenting, work and social practices, have English language problems and require intensive assistance in the form of financial assistance, English language skills, social integration skills, counselling, a drop in centre, and, where appropriate, help with employment.

⁴ Australian House of Representatives 16 June 2003, Question No 1868 asked by Mr Laurie Ferguson

⁵ do not speak English well or do not speak English at all

STRESS

The research evidence: ‘Social and psychological circumstances can cause long-term stress. Continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life have powerful effects on health. Such psychosocial risks accumulate during life and increase the chances of poor mental health and premature death. Long periods of anxiety and insecurity and the lack of supportive friendships are damaging in whatever area of life they arise. How do these psychosocial factors affect physical health? In emergencies, the stress response activates a cascade of stress hormones that affect the cardiovascular and immune systems...increasing anxiety and alertness. Nevertheless, turning on the biological stress response too often and for too long is likely to carry multiple costs to health. These include depression, increased susceptibility to infection, diabetes, and a harmful pattern of cholesterol and fats in the blood, high blood pressure and the attendant risks of heart attack and stroke.’ Studies show that ‘the lower people are in the social hierarchy of industrialized countries, the more common these problems become. A medical response to the biological changes that come with stress might be to try to control them with drugs. But attention should be focused upstream, on tackling the causes of ill health.’ (from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: A number of indicators suggest that the population of Fairfield experiences high levels of stress.

Heart disease: Heart disease is a major indicator of stress⁷. Residents of Fairfield’s rates of hospitalisation and death from heart disease as a whole compare favourably with those for the South West Sydney Area Health Service. However, men of English speaking background in Fairfield are more than twice as likely to die of coronary heart disease than men of non-English speaking background. Their level of risk is also much higher than for Liverpool, the SWSAHS and NSW as a whole.

Age specific death rates for men aged 45-64 of English speaking background and non-English speaking background expressed as the ESB/NESB ratio ⁸	Fairfield: 1993-7	Liverpool: 1993-7	SWAHS: 1993-7	NSW: 1993-7
	2.12	1.45	1.51	1.22

⁶ Hansard, Tuesday 14 May 2002, Australian House of Representatives: Mr Hardgrave’s reply to Question No 199 by Mr Laurie Ferguson pp 2054-2058

⁷ Wilkinson R.G., (2001) *Mind the Gap, Hierarchies, health and human evolution*, New Haven and London: Yale University Press.

⁸ i.e. there are 2.12 deaths from coronary heart disease among men aged 45-64 of English speaking background in Fairfield for every one death among men aged 45-64 of non-English speaking background. Source: SWSAHS Epidemiological Profile 2000, Ch 15, Table 15.11.2

Housing stress: Households in the Greater Metropolitan Sydney Region earning less than the Sydney median⁹ household income who are paying more than 30% of their income in housing payments are in housing stress¹⁰. For these households, the high cost of housing leaves insufficient money for other essentials such as food, clothing, transport, health costs and education. The proportion of households in housing stress in Fairfield is roughly the same as in other outer ring suburbs of Sydney and slightly less than for Sydney while the actual number of low and moderate income households in housing stress decreased slightly between 1996 and 2001. However, as Fairfield has a large population and a large number of households on low incomes, the total number of households in housing stress is high compared to other LGAs in Sydney.

% private renters in housing stress ¹¹ in Fairfield compared with GSW and Sydney	Fairfield 1996 - 63.2% 2001 - 59.2%	Outer Ring Suburbs 1996 - 63.8% 2001 - 60.7%	Sydney 1996 - 68.2% 2001 - 66.7%
% mortgage holders in housing stress ¹² compared with GWS and Sydney	Fairfield 1996 - 56.2% 2001 - 55%	Outer Ring Suburbs 1996 - 53.5% 2001 - 50.9%	Sydney 1996 - 55% 2001 - 54.1%
% renters and purchasers in housing stress compared with GWS and Sydney	Fairfield 1996 - 60.7% (6,441 households) 2001 - 57.6% (6,362 households)	Outer Ring Suburbs 1996 - 57.8% 2001 - 56.3%	Sydney 1996 - 63.8% 2001 - 62.2%

Violence: Changes in the incidence of violence against another member of the family or household, another acquaintance or a person in the street is also a measure of levels of stress in a community. In 2002, rates of assault in Fairfield were lower than in the combined Fairfield/Liverpool area, but higher than for Sydney, reversing the position in 1998 and 1999 when the rates for Sydney were higher. Assault rates in Fairfield have also increased significantly in the past 5 years.

Assaults per 100,000 residents	Fairfield	Liverpool/Fairfield	Sydney
1998	786.7	827.0	825.3
1999	803.6	829.8	806.6
2000	845.1	832.1	835.3
2001	916.4	916.1	903.1
2002	954.4	987.0	920.1

⁹ the Sydney median household income was \$39,624 in 1996 and \$51,428 in 2001

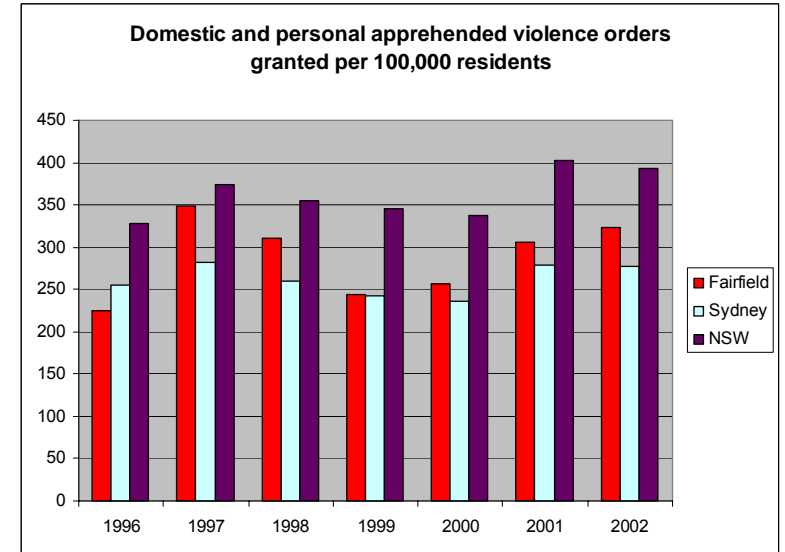
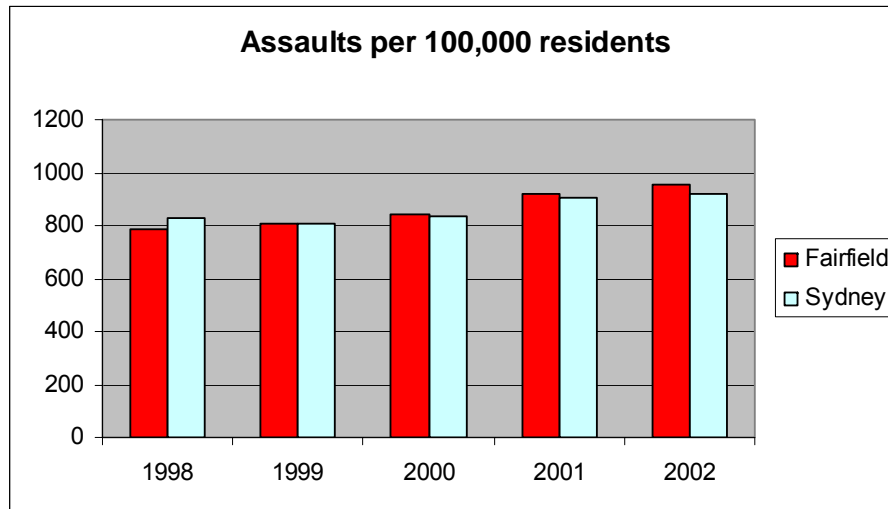
¹⁰ The NSW Centre for Affordable Housing in the NSW Department of Housing: Will Roden – Principal Project Officer, ABS Census 1996 and 2001; Special Tables

¹¹ Defined as households with incomes below the Sydney median and spending more than 30% of income on rent

¹² Defined as households with incomes below the Sydney median and spending more than 30% of income on mortgage

The rates of domestic and personal apprehended violence orders (AVOs) granted show a similar trend.

Domestic and personal apprehended violence orders granted per 100,000 residents	Fairfield	Liverpool/Fairfield	Sydney	NSW
1996	225.27	311.7	255.44	328.4
1997	349.32	396.4	281.79	373.9
1998	310.47	353.1	260.17	355.7
1999	244.40	280	242.61	345.2
2000	256.26	262.9	236.31	337.3
2001	306.29	339.5	279.58	403.1
2002	322.94	345.1	277.92	393.0



Data on **mental health presentations** to Emergency Departments in the SWSAHS indicate that in 1996/97 the Fairfield LGA had the 3rd highest separation ratio after Bankstown and Liverpool for males. A total of 1177 presentations were recorded for the Fairfield LGA with a standardized separation ratio for males of 59 (or 715 per 100,000 residents) and 52 for females (or 545 per 100,000 residents). The separation ratios were lower than for the SWSAHS and for NSW. Anecdotal evidence suggests that there are cultural differences in people's willingness to present to government institutions with mental health problems.

Standardized separation ratios for mental health presentations to Emergency Departments ¹³ All are compared to NSW ratio set at 100	Fairfield 1996/97 M: 59 F: 52	Liverpool 1996/97 M: 87 F: 73	SW Sydney 1996/97 M: 77 F: 64
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Responsibility for dependents can be an important source of stress in the context of a low income, housing stress, ill health, low levels of education or skill and reduced employment opportunities. Having more dependents than most other people may increase the stresses caused by these other factors. The dependency ratio is the proportion of people dependent on others for support. The higher the proportion the greater the stress.

The proportion of dependents per adult aged 15-64 years in Fairfield is similar to that for Greater Western Sydney and Sydney as a whole. In contrast, the dependency ratio for ATSI residents in Fairfield (68.7%) was almost double that of all Fairfield residents in 2001 although this was a significant decrease from 1996 (90.8%). The dependency ratio for ATSI residents in Fairfield was slightly higher than for the ATSI population in the Sydney Statistical District.

Dependency ratio for Fairfield residents compared with Sydney	Fairfield 1996 – 36.2% 2001 – 34.5%	Sydney 1996 – 31.3% 2001 – 30.7%
Dependency ratio in the ATSI population in Fairfield compared with Sydney	Fairfield 1996 – 90.8% 2001 – 68.7%	Sydney 1996 – 67.5% 2001 – 63.5%

¹³ Epidemiological Profile for SWSAHS, 2000, Table 17.2.4

OUTWORKERS

The NSW Department of Commerce has been running a three year strategy, *Behind the Label*, to alleviate the poor and often exploitative working conditions of clothing, textile and footwear industry outworkers and foster the resilience of the industry itself. According to the Department's website, outworkers often work in isolated business settings which have a poor level of compliance with minimum employment standards. They are a highly vulnerable workforce.

Research funded by the NSW Office of Industrial Relations indicates that there are some 50,000 – 80,000 outworkers in NSW and a significant cluster of these are in the Fairfield LGA. Community Development workers also confirm that they are in contact with hundreds of workers, many of whom are women in the Vietnamese, Cambodian, and Loa communities, who are employed in this insecure and very low paid workforce in Fairfield.

Although paid by the piece, estimates indicate that pay rates per hour can be as low as \$2, and rarely reach \$8, per hour – the minimum award rate is \$12.38 per hour. These workers frequently work to unrealistic deadlines and may be 'fined' if they deliver work late. A suite of factors including: poor English language skills, secrecy, deadlines, low pay, and fines create an environment of stress which can extend to the whole family, with specific risk to the workers themselves from injury, fatigue and general strain. A 1998 survey¹⁴ found that 7% of outworkers were subjected to physical violence, 49% to verbal abuse and 23% to threats.

The *Behind the Label* strategy has established a series of Vocational Education and Training Programs which are funded to June 2005. However, some of the structural conditions in the outworker based clothing industry are fairly entrenched - industry reliance on low costs rather than efficiency; small, 'hidden' and non-complying locations; a workforce which lacks alternative sources of work and the skills to seek these – all factors likely to prove resistant to change. In these circumstances, outworkers are likely to remain both vulnerable and reluctant to complain. Thus these Programs need to be complemented by strong and ongoing community support systems, including community workers and training, with a capacity to last the distance.

¹⁴ Mayhew, Claire and Quinlan, Michael, 1998, *Outsourcing and Occupational Health and Safety – A Comparative Study of Factory-Based and Outworkers in the Australian TCF Industry*, University of NSW Studies in Australian Industrial Relations, Number 40.

EARLY LIFE

The research evidence: ‘Important foundations of adult health are laid in prenatal life and early childhood. Slow growth and a lack of emotional support during this period raise the life-time risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood. Poor social and economic circumstances present the greatest threat to a child’s growth, and launch the child on a low social and educational trajectory. Acting through poor or inappropriate nourishment of the mother and through smoking, parental poverty can reduce prenatal and infant development... Poor nutrition and physical development adversely affect the child’s cognitive development. In addition, the mental exhaustion and depression associated with poverty reduce the parents’ stimulation of the child, and can disrupt emotional attachment. Parental poverty starts a chain of social risk. It begins in childhood with reduced readiness for and acceptance of school, goes on to poor behaviour and attainment at school and leads to a raised risk of unemployment, perceived social marginality and to low-status, low-control jobs in adult life. This pattern of poor education and employment damages health and, ultimately, cognitive functioning in old age’.

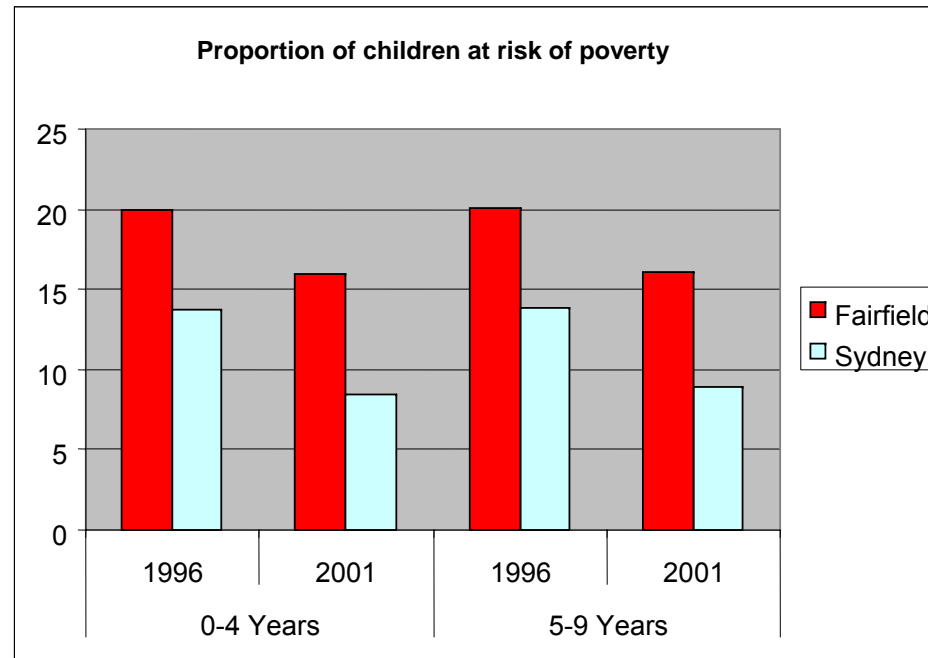
(from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: Children in Fairfield who are under the age of 10 are almost twice as likely to be at risk of poverty than their counterparts in the rest of Sydney, and they are also more likely to be living in households where none of the adults are employed. However, infant mortality rates and child immunisation rates are comparable with the rest of Sydney.

Children at risk of poverty: In 1996 2,847 children in Fairfield aged 0-4 (20% of all children aged 0-4 in the LGA) lived in households where the weekly income was less than \$400 per week. In 2001, the number of children in households on similar low incomes was lower, 2016, and, as a proportion, children in low income households had fallen to 16% of children aged 0-4 in Fairfield.

While the number of children aged 0-4 living in low income households has declined in Fairfield, the LGA has consistently had a greater proportion of children aged 0-4 living in low income households than Sydney as a whole. In 1996 25% more Fairfield children aged 0-4 were living in low income households in Fairfield as compared with Sydney as a whole. But in 2001 the proportion of Fairfield children aged 0-4 living in low income households was twice that of Sydney, indicating that the reduction is occurring more rapidly in the metropolitan area as a whole than in Fairfield. Similar relationships obtain for children aged 5-9.

Proportion of children living in households with an average weekly income of less than \$400	Fairfield	1996	2001	Sydney SD	1996	2001
	Children aged 0-4	20%	16%	Children aged 0-4	13.7%	8.5%
	Children aged 5-9	20.1%	16.1%	children aged 5-9	13.8%	8.9%



However, the proportion of families with dependent children where both partners, or the parent in the case of lone parent families, are unemployed has declined more rapidly in Fairfield than in Sydney, although the proportion in Fairfield is still higher than for Sydney as a whole.

No. and % families with dependent children (under 15) where both partners (or parent in lone families) unemployed	Fairfield	1996 17.1%	Sydney	1996 8.84%
		2001 10.94%		2001 7.9%

Infant mortality rate, the death rate of children under the age of one, is a standard indicator of social health. In 1996, the infant mortality rate for the Fairfield LGA was 6.4 deaths per 1000 live births which was higher than for NSW (5.6). Historically, the infant mortality rate for the Fairfield LGA has fluctuated between 4.4 and 6.4 in 1991-1996. However, in both 1995 and 1996 the rate has remained consistent at 6.4. Compared to other LGAs in the SWSAHS in 1996, Fairfield ranked the fourth highest after Wingecarribee (8.7), Campbelltown (8.6) and Liverpool (7.1) and this was consistent for the 1991/96 five year average. Data for 2001 is not yet available from the SWSAHS.

Infant Mortality Rate in Fairfield as compared with GWS and Sydney Metropolitan Region (per 1000 live births by year)	Fairfield 1991/96 5.7 1996 6.4	SWSAHS 1991/96 6.5 1996 6.7	NSW 1991/96 6.4 1996 5.6
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Immunisation rates for children aged 24-27 months in 1998 were 67.5% for the Fairfield LGA. This was slightly higher than the SWSAHS (65.6%) and consistent with NSW (67%). However, all are significantly lower than the target immunisation level set by NSW Health of 95%. The SWSAHS considers that children in the area are not receiving optimal protection against preventable diseases¹⁵.

Proportion of children immunised at 24-27 months at the highest level appropriate (the government's target is 95%)	Fairfield 1998 - 67.5%	SWSAHS 1998 - 65.6%	NSW 1998 - 67%
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Hospitalisation rates for children aged under 5 years in the SWSAHS in 1996/97 were 457 per 1,000 residents for boys and 376 per 1,000 residents for girls. This is less than for residents aged over 70 years but higher than for all other age groups. It excludes pregnancy related complications.

Hospitalisation Rate of Male and Female Children under 5 years per 1000 residents in Fairfield compared with SW Sydney	Fairfield Information currently being collected for the Families First Program	SW Sydney 1996/97 M: 457 F: 376
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Provision of childcare in Fairfield is comparable with nearby LGAs, and the number of children aged 0-4 in the LGA is declining. However, it is likely, based on the other indicators reported in this document that many children are in families, including single parent families, that are recently arrived, may have poor English language skills, may have been refugees, and/or are on very low incomes. These indicators suggest that the number of children at risk are not reflected in the current level of provision.

¹⁵ SWSAHS, Epidemiological Profile of South Western Sydney Area Health Service 2000, Chapter 20 – Notifiable Disease and Childhood Immunisation, p 20-6

CHILD CARE

What happens in a child's early life is in part determined by the individual actions and life experiences of its parents. But it is also a reflection of the systems of care and support available in the community - including prenatal care, early childhood health programs, immunisation programs, playgroups, parenting support groups, adequate and affordable housing, adequate income levels and the absence of stress. A number of indicators in this report demonstrate that some members of Fairfield's population are under considerable stress due to their low incomes, kind or lack of work, insecure residency status, lack of access to medical services, recency of arrival, addiction, previous life experiences (especially for refugees), poor English language proficiency and/or physical isolation due to lack of transport. One way in which the impact of these stresses on young children can be ameliorated is through the provision of good quality child care. However, there is only one childcare place for every 5 children in Fairfield

LGA	Number of family day care places in September 2003	Number long day care places in September 2003	Number of family and long day care places	Approx number of children aged 0-4 ¹⁶ in 2001	Availability 1 place for every
Fairfield	434	1,830	2264	13,038	5.76 children
Liverpool	402	2,197	2,599	13,519	6.15 children
Blacktown	649	3,333	3,982	22,202	5.58 children
Parramatta	245	2,380	2,625	10,012	3.81 children

Source: Department of Family and Community Services. Does not include data on pre-school provision.

While access to childcare in Fairfield is similar to some other LGAs, these figures should be considered in the context of the risk factors identified in this report. There are proportionately more children aged 0-4 living in households with incomes below \$400 per week in Fairfield (16%) than in Sydney as a whole (8.5%) and these households are likely to find it difficult to afford any childcare. Of the 2016 Fairfield children in these low income households, 389 are living in households with incomes in the range \$0-\$199 and a further 324 in households with income in the range \$200-299. Risk factors associated with low income are likely to be compounded for those who have arrived recently, have poor English language skills, and/or have insecure residency status.

¹⁶ 2001 data relating to statistical districts

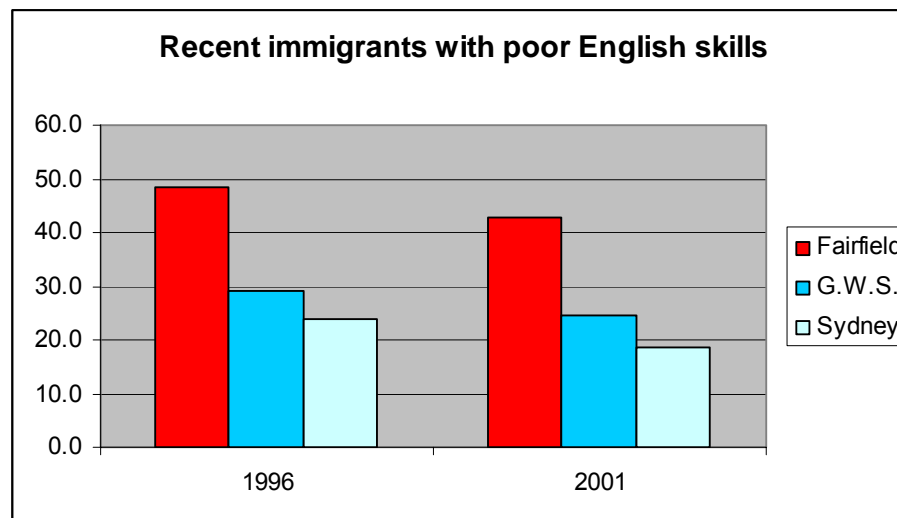
SOCIAL EXCLUSION

The research evidence: ‘Social exclusion creates misery and costs lives. Processes of social exclusion and the extent of relative deprivation in a society have a major impact on health and premature death. The harm to health comes not only from material deprivation but also from the social and psychological problems of living in poverty... Relative poverty, as well as absolute poverty, leads to worse health and increased risks of premature death. People who have lived most of their lives in poverty suffer particularly bad health. Migrants from other countries, ethnic minority groups, guest workers and refugees are particularly vulnerable to social exclusion, and their children are likely to be at special risk. They are sometimes excluded from citizenship and often from opportunities for work and education. The racism, discrimination and hostility that they often face may harm their health. In addition, communities are likely to marginalize and reject people who are ill, disabled or emotionally vulnerable... Societies that pursue more egalitarian policies often have faster rates of economic growth and higher standards of health.’ (from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: Consultations with people who work with local communities in Fairfield suggested that groups of people who may be particularly vulnerable to social exclusion include people with poor or no English language skills; recent immigrants, especially refugees and asylum seekers; people who do not have or utilise access to the internet; young people without access to a computer; people with a disability; and those who are isolated at home eg. because they do not have a car.

There was a smaller proportion of **recent immigrants with poor English language skills** in the LGA in 2001 (42.9%) as compared with 1996 (48.5%), with the actual number decreasing by 36%. However, by far the greater proportion of recent arrivals came from non-English speaking countries and the proportion of residents who have immigrated in the last 5 years with poor or no English language skills was high compared to both the GWS average (24.5%) and the Sydney average (18.5%). For these residents, social exclusion is a key issue and is likely to affect the health of both themselves and their family.

% pop. immigrated to Aust. in last 5 years with poor English skills	Fairfield 1996	48.5%	GWS 1996	29.1%	Sydney SD 1996	24%
	2001	42.9%	2001	24.5%	2001	18.5%



Fairfield was the intended address of more immigrants in 1997-2003 who were born in countries classified by the Australian Department of Immigration and Ethnic Affairs as having a low proficiency in the English language (EP3 and EP4) than any other Sydney LGA. Fairfield was the intended address of 22.4% of humanitarian program arrivals in Sydney and 13% of family program arrivals in the EP3 and EP4 categories.

No. arrivals on humanitarian program born in English proficiency group 3 and 4 countries (least proficiency in English) in 1997-2003 whose intended address was Fairfield compared with other parts of GWS and Sydney	Hansard ¹⁷	Fairfield 3459	Liverpool 2951	Sydney 15465	NSW 15,789
No. arrivals on the 'family' program born in English proficiency group 3 and 4 countries (least proficiency in English) in 1997-2003 whose intended address was Fairfield compared with other parts of GWS and Sydney	Hansard	Fairfield 3958	Liverpool 1309	Sydney 30,140	NSW 31,082

¹⁷ Hansard, Tuesday 14 May 2002, Australian House of Representatives: Mr Hardgrave's reply to Question No 199 by Mr Laurie Ferguson pp 2054-2058

Internet usage by Fairfield residents is relatively low compared with Greater Western Sydney and Sydney as a whole. In the 2001 Census 71.1% of residents reported that they had not accessed the internet at home or elsewhere in the preceding week. This is significantly higher than for both GWS and Sydney. This low level of internet usage may be related to low income levels and low education levels of Fairfield residents which are likely to limit internet access and usage.

Number and % people who did not use the internet at home or elsewhere in the week preceding the Census	Fairfield 2001 - 71.1% 129,266 persons	GWS 2001 - 61.1% 1,050,576 persons	Sydney SD 2001 - 53.3% 4,073,708 persons
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Computer usage: Census data shows that 50% of young people aged 10-24 years in Fairfield did not use a computer in the week before the Census compared to 36% for GWS and 30.5% for Sydney. This suggests that the “digital divide” is very real both within the Fairfield community and between Fairfield and the rest of Western Sydney.

% of young people (aged 10-24 years) who did not use a computer in the week preceding the Census	Fairfield 2001 - 50%	GWS 2001 - 36%	Sydney SD 2001 - 30.5%
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Isolation at home: There are a number of ways in which people can be isolated at home and it is difficult to obtain an accurate indicator of this form of social isolation from published data. However, there were 260 clients of the HACC service in the first half of 2003 and of these 223 were sufficiently housebound to be receiving meals on wheels at home. On the other hand, during this same period there were 1.43 HACC clients in Fairfield for every 1,000 residents compared with 13.58 for SW Sydney and 21.82 for NSW as a whole. It is difficult to determine what this data shows. It may reflect the contribution made to the care of people relatively confined to their homes in Fairfield by family members and local ethno-cultural groups. It may also reflect poor access to the service by residents from non-English speaking backgrounds, the cultural inappropriateness of the service for members of some groups, or the limited funding available to service the Fairfield LGA.

Number of HACC clients per 1,000 residents (using 2001 Census data for number of residents and HACC client data for Jan-June 2003)	Fairfield 1.43	SW Sydney 13.58	NSW 21.82
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Fairfield also has almost 7,000 households without a car and people in these households have to use private buses, taxis or trains to access many services. The proportion of households in Fairfield without access to a car has decreased since 1996 but remains higher than the average for Greater Western Sydney. (See also the discussions under Work and Transport below)

Proportion and number of households with no car	Fairfield		GWS	Sydney SD
	1996 – 14.3%	(7,670 households)	1996 – 12.6%	1996 – 15.4%
	2001 - 12.7%	(6,990 households)	2001- 10.6%	2001 – 13.1%

PRISONERS AND EX-OFFENDERS

Imprisonment is an intended form of social exclusion. The table below shows that the rate of prison sentencing for Fairfield residents was much higher than for all residents in Sydney Statistical Division (SD). In 1997 residents of Fairfield were almost twice as likely as Sydney SD residents to be given prison sentences by the NSW Local Court. In 2001, they were more than twice as likely to be sentenced to prison. Fairfield's lowest rate of prison sentencing occurred in 2000 (81.6 persons per 100,000 population), still exceeding the rate for Sydney SD (63.5 persons per 100,000). In the last two years, the rate of prison sentencing for Fairfield residents was also considerably higher than for Liverpool residents.

NSW Local Criminal Courts Statistics 1997-2002: Number and rate per 100,000 population: persons found guilty and sentenced to prison who resided in Fairfield and Liverpool Local Government Areas and Sydney Statistical Division at the time of their appearance.

Year	Fairfield		Liverpool		Sydney SD	
	No.	Rate	No.	Rate	No.	Rate
1997	235	123.6	133	101.9	2513	63.9
1998	222	116.4	160	116.9	2689	67.5
1999	197	103.5	207	144.8	2793	69.3
2000	156	81.6	120	80.4	2592	63.5
2001	287	151.8	195	122.6	3082	74.7
2002	245	129.7	143	87.5	3217	77.1

The social exclusion of residents through imprisonment is a significant social issue for Fairfield and includes concerns for the wellbeing of local victims of crime, the wellbeing of family members and dependents of people who have been imprisoned and the re-entry difficulties which ex-offenders encounter.

WORK

The research evidence: ‘Stress in the workplace increases the risk of disease. Evidence shows that stress at work plays an important role in contributing to the large differences in health, sickness absence and premature death that are related to social status. Several workplace studies in Europe show that health suffers when people have little opportunity to use their skills, and low authority over decisions. Having little control over one’s work is particularly strongly related to an increased risk of low back pain, sickness absence and cardiovascular disease. These risks have been found to be independent of the psychological characteristics of the people studied. In short, they seem to be related to the work environment. Studies have also examined the role of demands at work. Some show an interaction between demands and control. Jobs with high demand and low control carry special risk’ as does ‘receiving inadequate rewards for the effort put into work...the psychosocial environment at work is an important contributor to the social gradient in ill health.’ (from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: There are no published sources of data on the quality of work experienced by the workforce resident in Fairfield. Information is available on work travel times and distances to work which have an influence on the quality of working life of residents. It is also possible to show what kinds of work residents are engaged in, whether it is full time or part time and their participation rates.

Work travel times, locations and distances: the majority of Fairfield’s workforce travel to employment outside the LGA but within Greater Western Sydney. For those relying on public transport to travel to work, the average travel times and distances travelled highlight the difficulties these workers experience. The data also suggests that these public transport issues are likely to discourage people from seeking or maintaining employment if they do not have access to their own private transport (see Textbox Travel Times to Work). In 2001, travel by car in the morning peak averaged 30.9 minutes for Fairfield workers which was higher than for the rest of Sydney (28.7 minutes). More significantly, the average public transport commuting time for Fairfield workers was almost double that of Sydney at 57.7 minutes per trip in the morning peak compared to 34.2 minutes for workers in the rest of Sydney residents. Travel distances by public transport for Fairfield workers were almost double that for the workers in the rest of Sydney at 27.5 kilometres compared to 14.2 kilometres respectively.

Average travel to work times by car AM	Fairfield 2001	30.9 minutes	GWS 2001	35.3 minutes	Rest of Sydney SD 2001	28.7 minutes
Average travel to work times by public transport AM	Fairfield 2001	57.7 minutes	GWS 2001	58.9 minutes	Rest of Sydney SD 2001	34.2 minutes
Average distances to work by car AM	Fairfield 2001	14.6 kms	GWS 2001	17.8 kms	Rest of Sydney SD 2001	13.6 kms
Average distances to work by public transport AM	Fairfield 2001	27.5 kms	GWS 2001	32.1 kms	Rest of Sydney SD 2001	14.2 kms

Participation rates: the labour force participation rate in the Fairfield LGA declined from 55% in 1996 to 52.9% in 2001. Importantly, in 2001, the participation rate for Fairfield was significantly lower than for GWS (60.9%) and Sydney (61.4%) highlighting the high level of non-involvement in the workforce by local residents (see Unemployment). The participation rates of people born in non-English speaking countries reflected the lower participation rates of Fairfield residents in the workforce and also declined in the period 1996-2001. However, participation rates by Aborigines and Torres Strait Islanders improved. A higher proportion of Aborigines and Torres Strait Islanders in Fairfield were participating in the workforce in 2001 than Fairfield residents born overseas in a non-English speaking country.



Labour force participation rate	Fairfield		GWS		Sydney	
	1996	55.0%	1996	61.2%	1996	60.9%
Labour force participation rate of people born in NESC	2001	52.9%	2001	60.9%	2001	61.4%
	1996	53.10%			1996	56.00%
Labour force participation rate of Aborigines and Torres Strait Islanders	2001	51.10%			2001	56.10%
	1996	50.70%			1996	56.70%
	2001	52.30%			2001	57.30%

There are more men than women in the workforce in Fairfield, but the male participation rate declined more than the female participation rate between 1996 and 2001 and more than the decline in other parts of Sydney. As well, in Greater Western Sydney and Sydney as a whole, women's labour force participation rose slightly. As a result, the difference between male and female participation rates in GWS and Sydney are significantly less than in Fairfield.

Labour force participation rate x gender	1996	M: 65.5%	1996	M: 71.3%	1996	M: 69.6%
		F: 44.6%		F: 51.5%		F: 52.6%
	2001	M: 62.9%	2001	M: 69.7%	2001	M: 69.2%
		F: 43.2%		F: 52.4%		F: 54%

Occupation: Compared with GWS and Sydney as a whole, Fairfield workers are underrepresented in managerial, administrative professional jobs and over represented in intermediate clerical sales and services jobs and in labouring and related occupations and while the proportion of workers from a non-English speaking country who are in managerial, administrative, professional or associate professional positions in Sydney as a whole increased significantly in the period, in Fairfield the increase was marginal.

Proportion of the labour force employed as Managers, Administrators, Professionals and Associate Professionals (excludes not described)	Fairfield	1996	20.9%	Sydney	1996	39.3%
		2001	22.7%		2001	42%
Proportion of the NESC labour force employed as Managers, Administrators, Professionals and Associate Professionals (excludes not described)		1996	19.1%		1996	32.2%
		2001	20.6%		2001	47.6%

Part time work: the proportion of the labour force employed as part-time workers increased in the Fairfield LGA from 20.1% in 1996 to 22.7% in 2001 and there were similar trends in both GWS and Sydney.

Proportion of the labour force employed as part time workers	Fairfield	1996	20.1%	GWS	1996	23.9%	Sydney	1996	25.5%
		2001	22.7%		2001	26.1%		2001	27.5%

TRAVEL TIMES TO WORK

Research undertaken for the WSROC by PPM Consultants on travel patterns and demands in Greater Western Sydney analyses the Journey to Work data for 2001 and Household Travel Survey data. Although not at the final stage, the initial reports highlight that despite initiatives of government to provide concentrations of major regional employment centres throughout the Sydney metropolitan area, employment areas remain dispersed and disaggregated. As a result, people in Western Sydney are travelling long distances to workplaces not located on existing public transport networks. Almost half (43%) of Fairfield's workforce travels to employment locations outside the LGA but within Greater Western Sydney. This was higher than for GWS (37%). The majority use private car transport to travel to work or inadequate public transport services.

For those relying on public transport to travel to work, the average travel times and distances travelled highlight the difficulties these workers experience. The data also suggests that these public transport issues are likely to discourage people from seeking or maintaining employment if they do not have access to their own private transport. In 2001, travel by car in the morning peak averaged 30.9 minutes for Fairfield workers which were higher than for the rest of Sydney at 28.7 minutes. More significantly, the average public transport commuting time for Fairfield workers was almost double that of Sydney at 57.7 minutes per trip in the morning peak compared to 34.2 minutes for workers in the rest of Sydney residents. Travel distances by public transport for Fairfield workers were almost double that for the workers in the rest of Sydney at 27.5 kilometres compared to 14.2 kilometres respectively. Data from the 1991, 1996 and 2001 Journey to Work highlights that travel to work by public transport by Fairfield workers has remained stable while use of private transport has increased.

This study however does not include data from the recently opened Liverpool-Parramatta Transitway which passes through the Fairfield LGA and provides links to the major employment centres in Liverpool, Wetherill Park and Parramatta. The transitway is a 28 kilometre dedicated bus-only roadway which is expected to cut public transport travel times and provide greater access to employment centres for residents of Fairfield and Western Sydney. It passes through the Fairfield suburbs of Wetherill Park, Bossley Park and Bonnyrigg. Data on the patronage of this service has not been collected for this study given that it is a relatively new service only opening in early 2003.

Source: PPM Consultants for WSROC, Greater Western Sydney Regional Transportation Strategy, Travel Demand in Greater Western Sydney, July 2003)

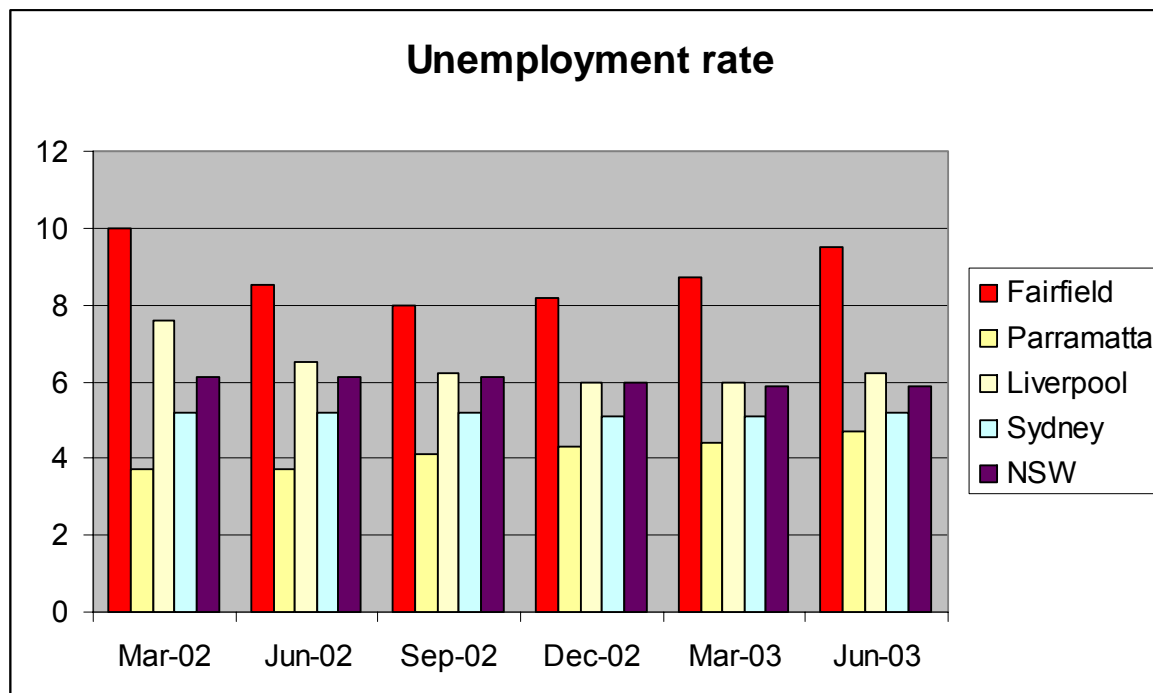
UNEMPLOYMENT

The research evidence: 'Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. Evidence from a number of countries shows that, even after allowing for other factors, unemployed people and their families suffer a substantially increased risk of premature death. The health effects of unemployment are linked to both its psychological consequences and financial problems, especially debt.' As well, 'job insecurity has been shown to increase effects on mental health (particularly anxiety and depression), self-reported ill health, heart disease and risk factors for heart disease. Because unsatisfactory or insecure jobs can be as harmful as unemployment, merely having a job cannot protect physical or mental health. Job quality is important. During the 1990s, changes in the economies and labour markets of industrialized countries have increased feelings of job insecurity. As job insecurity continues, it acts as a chronic stressor whose effects increase with the length of exposure; it increases sickness absence and health service use.' (from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: Unemployment in Fairfield shows some sign of improvement but the unemployment rate is significantly higher than for other parts of Sydney. The unemployment rate does not include those who have given up looking for work and those who are unable to work for some reason such as injury or disability.

The unemployment rate for the Fairfield LGA decreased over the past year from 10% in March 2002 to 8.7% in March 2003 but rose again to 9.5% in June 2003. This is similar to trends throughout much of Sydney and NSW but the rate of unemployment is significantly higher in Fairfield than in other Western Sydney LGAs, Sydney and NSW. In June 2003, unemployment in the Fairfield LGA was significantly higher than in Liverpool (6.2%), Parramatta (4.7%), Sydney (5.2%) and NSW (5.9%).

Unemployment rate	Fairfield	Parramatta	Liverpool	Sydney	NSW
March 2002	10.0	3.7	7.6	5.2	6.1
June 2002	8.5	3.7	6.5	5.2	6.1
Sept 2002	8.0	4.1	6.2	5.2	6.1
Dec 2002	8.2	4.3	6.0	5.1	6.0
March 2003	8.7	4.4	6.0	5.1	5.9
June 2003	9.5	4.7	6.2	5.2	5.9



The number of people receiving government benefits is another indicator of people who are not in employment, or not in full employment. Compared with NSW as a whole, the proportion of Fairfield LGA residents receiving a government benefit is high.

Number and % population receiving a government benefit (excl. family allowance) in Fairfield compared with NSW as a whole	Fairfield 2001: 18,343 people or 10.08% of Fairfield's population	NSW 2001: 379,074 people or 5.94% of the population of NSW
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APPRENTICESHIPS AND TRAINEESHIPS

Data provided by the NSW Department of Education and Training shows that, in 2003, 1016 people resident in Fairfield commenced an apprenticeship, 1743 people were already enrolled in a worker traineeship and 1197 started a new traineeship. 30% of these apprentices, 41% of existing trainees and 39% of new trainees were from a non-English speaking background (NESB).

The largest number of Fairfield apprentices (283) was in the automotive industries and 64% of these were from a non-English speaking background. There were 254 apprentices (40% NESB) in building and construction industries, 138 (37% NESB) in utilities and electro technology and 107 (89% NESB) in manufacturing engineering. There were fewer than 100 apprentices in each of the other categories, however, NESB residents made up 97% of the 89 apprentices in retail and wholesale.

Existing and new traineeships were clustered in transport and distribution (56% of all traineeships) followed by retail and wholesale (13% of all traineeships), finance, insurance and business services (10%) and process manufacturing (5%). NESB trainees were strongly represented in retail and wholesale (56%) and in transport and distribution (44%). There were more NESB than ESB trainees in retail and wholesale, food industries, process manufacturing and property services.

SOCIAL SUPPORT

The research evidence: ‘Friendship, good social relations and strong supportive networks improve health at home, at work and in the community. Social support and good social relations make an important contribution to health. Social support helps give people the emotional and practical resources they need. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. This has a powerful protective effect on health. Support operates on the levels of both the individual and the society. Social isolation and exclusion are associated with increased rates of premature death and poorer chances of survival after a heart attack. People who get less emotional social support from others are more likely to experience less wellbeing, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic diseases. In addition, the bad aspects of close relationships can lead to poor mental and physical health...

Social cohesion – the existence of mutual trust and respect in the community and wider society – helps to protect people and their health. Societies with high levels of income inequality tend to have less social cohesion, more violent crime and higher death rates’. (from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: Information about social support networks and about the wider issue of social capital in the Fairfield LGA needs to be collected by survey. To date, there is very limited data available about social networks and social support systems, especially informal social support systems in Fairfield, although Council’s 2003 Customer Survey and a recent survey ‘Who Cares about Western Sydney¹⁸’, provide some information. These survey results are positive but should be viewed with caution. While the surveys were administered in English, Arabic, Vietnamese and Spanish, they may nonetheless have excluded a proportion of non English speakers and those with limited proficiency in English. While some Fairfield residents in these categories may have high levels of social support through local ethno-cultural and religious organisations, it cannot be assumed that this is true for all those with limited English language proficiency, especially recent immigrants from countries with small representation in Fairfield. As well, even where local organisations are helping people to build local social networks, people with limited or no English language skills may still be finding it difficult to meet all their social and support needs through these sources.

Satisfaction with ‘the opportunities Council provides for community involvement in decision-making’: 73% of those surveyed in Council’s Customer Survey in 2003 thought that Council’s performance in this regard was adequate or better than adequate.

Perceptions of neighbours and neighbourliness: at least 4 out of every 5 people surveyed in Fairfield in 2001 and again in 2003 believed that their neighbours would help them in an emergency. In 2003 87% of residents surveyed by Council said they felt they belonged in their neighbourhood and 74% thought their neighbourhood is a safe place.

¹⁸ published by Westir 2001

CULTURAL DIVERSITY & SOCIAL SUPPORT

Summary Indicators	2001 Census	% of population	1996 Census
Population	181,480	100	181,562
Australian born	75,446	41.6	78,406
Overseas born	95,358	52.5	97,300
Birthplace not stated	10,676	5.9	5,854
Overseas born – English speaking countries	5,178	2.9	5,615
Overseas born – non-English speaking countries	90,80	49.7	91,685
Aboriginal and/or Torres Strait Islanders	1,117	0.6	1,285
Language other than English spoken at home	119,738	66.0	116,149
Overseas born arrived since 1996	12,824	7.1	
Overseas born arrived since 1996 from NESC	11,972	6.6	

In 2001, more than half (52.5%) of Fairfield's residents were born overseas and nearly all of these (95%) were born overseas in a non-English speaking country. In that year, Fairfield and Auburn LGAs had the highest *proportion* of overseas born residents of any LGA in Australia, and Fairfield had the third highest *number* of residents who were overseas born (after Brisbane and the Gold Coast). Fairfield is the LGA with the highest *number and proportion* (66%) of language-other-than-English speakers, and the highest *number and proportion* of residents who do not speak English well or at all¹⁹. In 2001, 11,972 people or 6.6% of Fairfield's population had arrived in Australia since 1996. Of these 3187 had arrived from Iraq, 2229 from Vietnam, 1034 from Cambodia, 833 from China, 725 from New Zealand, and 463 from the Federal Republic of Yugoslavia.

Altogether people who arrived in Fairfield after 1996 came from over 100 countries. They joined an LGA in which over 100 countries were already represented. In Fairfield in 2001, people from Vietnam made up 26.1% of the total overseas born (OSB) population, more than any other national group. The next most represented were Cambodia (8.3%), Italy (5.6%), China (4.4%) and Federal Republic of Yugoslavia (3.4%). All other nationalities made up less than 3% of the OSB population of Fairfield. Fairfield LGA is not only comprised of large numbers of different ethnic, national and cultural groups, but many people are recent immigrants to this country as well as recent arrivals in Fairfield. The population is characterised by ethno-religious-cultural diversity, difference in recency of arrival, difference in familiarity with Western/European cultures, different languages and levels of English language proficiency, and difference in terms of availability of existing networks (family, cultural, social) from which social support can be derived. Ethno-cultural diversity can be both a strength and a strain on a community. It can signal vibrancy and resilience and this is evident in Fairfield's urban landscape (churches and temples, shops and markets), the improving educational outcomes of its young people, and in the large number of ethno-cultural and religious social and welfare organisations in the LGA. They include 18 ethnic welfare services, 7 ethnic health services, 13 migrant education services, 1 migrant resource centre, 4 migrant support centres and 4 interpreting services. More generally, the LGA has 73 community service organisations, 60 social clubs, 28 sports clubs and 18 youth clubs catering to the needs of the more established population. At the same time, the very large number of different groups and recent immigrants also makes it likely that some people are very isolated and have access to little or no social support. This is important because social support is so critical to health and wellbeing.

¹⁹ Department of Immigration and Multicultural and Indigenous Affairs, 2003, The People of Australia, Statistics from the 2001 Census, Internet: www.immi.gov.au/research/publications/people_of_australia.pdf

ADDICTION

The research evidence: ‘Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health. It offers users the mirage of escape from adversity and stress, but only makes their problems worse. Alcohol dependence, illicit drug use and cigarette smoking are all closely associated with markers of social and economic disadvantage....Social deprivation – as measured by any indicator: poor housing, low income, lone parenthood, unemployment or homelessness – is associated with high rates of smoking and very low rates of quitting. Smoking is a major drain on poor people’s incomes and a huge cause of ill health and premature death.’ (from: *The Social Determinants of Health: The Solid Facts*)

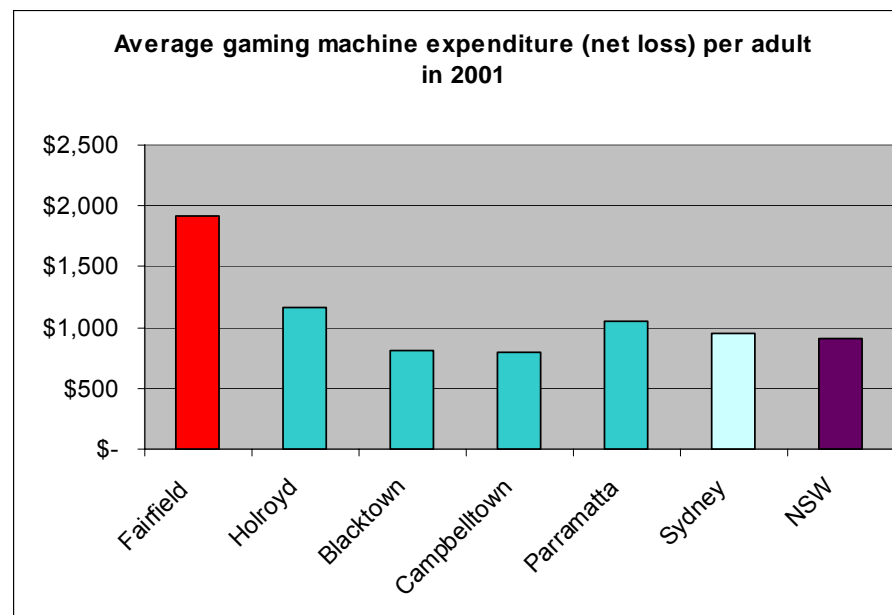
Regarding problem gambling, in 1999, the Productivity Commission²⁰ estimated that in NSW as a whole, 2.55% of adults have a moderate or severe problem with their gambling, that for every problem gambler, 5-10 other people are adversely affected . Based on research the Commission also estimated that 5.6% of adults in NSW are regular gaming machine players, and that 24.9% of regular gaming machine players in NSW have moderate or severe problems with their gambling. The Commission also found that in NSW problem gamblers accounted for 42.3% of expenditure on gaming machines. Based on data gathered in 1997/8, the Productivity Commission estimated that problem gamblers spent an average of \$12,168 per annum on gambling (adjusted for CPI this is approximately \$13,296 in 2001). These estimates are regarded by the Commission as conservative.

What the data show for Fairfield: Fairfield’s residents engage in gambling more heavily than residents of many surrounding LGAs indicating problems of addiction and a substantial loss of income from residents. Fairfield also records higher numbers of drug offences as recorded criminal incidents, and particularly higher narcotic offences that are 10 times higher, than both Sydney and NSW. Fairfield’s profile regarding smoking and alcohol consumption is difficult to gauge.

Gaming machines: There are fewer adults for every gaming machine in Fairfield than in adjacent LGAs. Average profit per gaming machine in 2001 was higher in Fairfield than in Holroyd, Campbelltown, Parramatta, the Sydney Statistical District and NSW as a whole. Average gaming machine expenditure (i.e. net loss) per adult in Fairfield in 2001 was 65% greater than in Holroyd, 81% greater than in Parramatta, 211% greater than NSW as a whole and 238% greater than in Blacktown. Using Productivity Commission findings summarised above, an estimated 42.3% of the \$251,889,981 (=\$106,549,462) expenditure on gaming machines in Fairfield in 2001 was by people with a moderate or severe problem with their gambling. At approximately \$13,296 per problem gambler per annum, this indicates some 8,014 problem gamblers in the LGA with some 40,070 – 80,140 other people (5-10 per problem gambler) also adversely affected. If all these people are residents of Fairfield, this makes a total (including the gamblers themselves) in the range 48,084 – 88,154 or 26% - 48% of the population.

²⁰ Productivity Commission, 1999, Australia’s Gambling Industries, Report No. 10, Ausinfo, Canberra

INDICATORS OF ADDICTION: GAMBLING ²¹	FAIRFIELD LGA	HOLROYD LGA	BLACKTOWN	CAMPBELL TOWN	PARRAMATTA	SYDNEY STAT DIST.	NSW
Number of adults per gaming machine in 2001	33.8 adults per gm	48.88 adults per gm	69.9 adults per gm	54.93 adults per gm	55.43 adults per gm		46.6 adults per gm
Average gaming machine expenditure (net loss) per adult in 2001	\$1,915.43	\$1,160.27	\$805	\$801.97	\$1,057	\$951.49	\$906.21



²¹ The data in this table were derived from the following documents: the NSW Dept Gaming and Racing, Gaming Analysis 1998-99, NSW Government, February 2000, Social Impact Assessment for Mounties Bowling Club prepared by acuiti legal, Social Impact Assessment for Blacktown Workers Sports Club prepared by acuiti Advisory, Social Impact Assessment for Campbelltown Western Suburbs Leagues Club by acuiti Advisory and Social Impact Assessment for Tollgate Hotel, Parramatta prepared by Centennial Consulting.

Drug Offences

The range of drug offences include possessing, using, dealing, manufacturing, cultivating and smuggling of illegal drugs. In general, the rates of drug offences as recorded criminal incidents in the Fairfield LGA were significantly higher than that for the Sydney and NSW area. Despite falling from 1197.3 to 525.5 per 100,000 people between 1998 and 2002, these figures were almost three times higher than Sydney/NSW in 1998 and had dropped to under double in 2002.

DRUG OFFENCES - RATE PER 100,000 POPULATION	1998	1999	2000	2001	2002
Fairfield	1197.3	1021.8	729.7	629.1	525.5
Sydney	301.9	303.5	270.8	353.7	279.2
NSW	388.3	385.4	326.4	410.2	337.1

Breaking down these figures, Fairfield shows similar rates of possession/use/dealing and trafficking of drug offences with regard to cocaine and cannabis. However, it is the rate offences involving narcotics that are particularly alarming.

In Fairfield there has been a drop in the number of offences from 816.5 to 262.8 per 100,000 people in Fairfield between 1998 and 2002. However, the rate of offences is significantly higher for the Fairfield area than for the Sydney and NSW areas, over 10 times higher. The Sydney and NSW areas experienced similar declines, from 73.8 to 28.4 for Sydney and 59.7 to 22 for NSW.

NARCOTIC OFFENCES - RATE PER 100,000 POPULATION	1998	1999	2000	2001	2002
Fairfield	816.5	678	402.3	243.5	262.8
Sydney	73.8	7402	5706	28	28.4
NSW	59.7	60.6	51.7	24	22

It must be noted that the rates of recorded criminal incidents regarding drug offences across the State is a reflection of both policing strategies and targets and about the actual use of these drugs.

Smoking: Epidemiological data shows that rates of smoking in Fairfield (25.5%) are only slightly higher than the NSW average (24%). Nonetheless, smoking is a significant source of addiction and a major health issue for Fairfield residents.

% adults aged 18 years and over who are smokers	Fairfield: 2000 25.5%	SW Sydney: 2000 25.3%	NSW: 2000 24%
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Alcohol consumption: according to SWAHS data, the proportion of adults who are non-drinkers or consumed between 1-7 drinks in the past week is high for the Fairfield LGA at 61.4% and 26.2% respectively and Fairfield LGA had the highest proportion of adults not consuming alcohol of all LGAs in the SW Sydney Health Area followed by Campbelltown at 49.2%. Overall, only 12.4% of adults in the Fairfield LGA have moderate to heavy alcohol consumption which is much lower than the SWSAHS at 17.7% and NSW at 25%. Alcohol consumption was particularly low for adults from non-English speaking background.

% of adults in Fairfield who have consumed no alcohol or 1 to 7 drinks in the past week	None: 61.4%	None: 50.3%	None: 41%
	1-7 drinks: 26.2%	1-7 drinks: 32%	1-7 drinks: 33%

PROBLEM GAMBLING

The Casino Community Benefit Fund has funded several local services to assist residents of Fairfield who have a problem with their gambling. These organisations are: the NSW Multicultural Problem Gambling Service, Lao Community Advancement, Vietnamese Community in Australia, the NSW Indo-China Chinese Association and the SWS Area Health Organisations. Workers in these and other community organisations say that problem gambling is causing serious financial distress to some families in the City as well as relationship breakdown and in some cases, neglect of children. They also believe that only a small proportion of problem gamblers seeks assistance.

According to a Social Impact Assessment lodged with Council by Mounties Bowling Club in 2003, net profit from gaming machines in Fairfield in 2001 was \$251,889,981. In 1999 the Australian Productivity Commission estimated that 42% of gaming machine profits came from expenditure by people with a moderate or severe problem with their gambling. 42% of the net profit in Fairfield in 2001 is \$10,579,379. The Commission also estimated the average annual expenditure of each problem gambler in Australia. Adjusted to 2001 prices this is \$13,385. If the \$10,579,379 expenditure by problem gamblers is divided by the average spend of \$13,385, this suggests there are some 790 people in Fairfield with a moderate to severe problem with their gambling. The Productivity Commission further estimated that another 5 – 10 people are adversely affected by each problem gambler. Based on 790 problem gamblers, this would mean that some 3950 – 7900 people are adversely affected by the difficulties which some 790 resident have with their gambling – a range of 4740 – 8690 people including the problem gamblers themselves. The Productivity Commission also estimated that 5.6% of NSW adults are regular gaming machine players and that of these 24.9% have problems with their gambling. In 2001 there were an estimated 131,506 adults in Fairfield . $131,506 \times 5.6\% = 7364$ and 24.9% of this number is 1834 adults who have a problem with their gambling. Using this figure as the base, the estimated number of affected people is in the range 9170 – 18,340 or 11,004 – 20,174 including the problem gamblers themselves.

Problem gambling is often kept hidden and its incidence is difficult to measure exactly. However, applying the findings of reputable studies demonstrates that the number of people affected by moderate or severe problem gambling in Fairfield is significant.

FOOD

The research evidence: 'A good diet and adequate food supply are central for promoting health and wellbeing. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake (also a form of malnutrition) contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries. Food poverty exists side by side with food plenty. The important public health issue is the availability and cost of healthy nutritious food. Access to good, affordable food makes more difference to what people eat than health education...Social and economic conditions result in a social gradient in diet quality that contributes to health inequalities. The main dietary difference between social classes is the source of nutrients. The poor substitute cheaper processed foods for fresh food. High fat intakes often occur in all social groups. People on low incomes such as young families, elderly people and the unemployed, are least able to eat well. Dietary goals to prevent chronic diseases emphasize eating more fresh vegetables, fruits and pulses (legumes) and more minimally processed starchy foods, but less animal fat, refined sugars and salt. More than 100 expert committees have agreed on these dietary goals.' (from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: Not much data is available for this indicator, but what there is suggests a mixed picture for Fairfield. In the future more data is likely to be available for this indicator as government agencies increasingly recognise the importance of food to community well-being.

Number of greengrocers or fruit marts per resident is higher in the Fairfield LGA (1 per 12,995 residents in 2003) than in Liverpool or Blacktown and significantly higher than for suburbs in Sydney's North Shore. This suggests that local demand for fresh produce is sufficient to sustain local specialist, stand alone²² greengrocers. However, SW Sydney Area Health Service survey data suggests that only one in five adults are eating the recommended amount of vegetables per day and fewer than one in two residents eat the recommended amount of bread and fruit per day.

Greengrocers per LGA and rate per resident in 2001	Fairfield 14 greengrocer s 1: 12,995	Liverpool 11 greengrocers 1: 14,078	Blacktown 5 greengrocers 1: 51,273	SW Sydney Not available	NSW Not available
% population eating recommended amounts of vegetables/bread/fruit	Not available	Not available	Not available	1994/5: Veg: 20.5% Bread: 44.7% Fruit: 47.5%	1994/5: Veg: 19.2% Bread: 45% Fruit: 46.1%

²² i.e. not as part of supermarkets or general goods stores.

Obesity: the proportion of the population who are overweight or obese estimated by the SWSAHS shows that the Fairfield LGA has the lowest level (36.6%) of overweight/obese residents compared to all LGAs in the Area Health region and this is also lower than the NSW estimate of 39%. Residents from a non English speaking background are less overweight/obese with 35.9% compared with residents from English speaking backgrounds (47.7%).

% population with body mass index equal to or greater than 25 and considered to be overweight or obese	Fairfield 1994/5 36.6%	Liverpool 1994/5 45.7%	SW Sydney 1994/5 44.5%	NSW 1994/5 39%
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Diabetes: Rates of diabetes are on the increase in Australia and are thought to be due not only to eating and exercise habits, but also to metabolic and endocrinal changes due to stress²³. Particularly high rates of hospitalisation of women for diabetes in Fairfield may reflect the presence of a special unit for gestational diabetes at Fairfield hospital. The data presented could be used as a benchmark for the future.

Hospital separation rate per 100,000 population where diabetes the principal diagnosis	Fairfield: 1996/7 M: 70.7 F: 94.5	Liverpool: 1996/7 M: 66.9 F: 62.6	SW Sydney: 1996/7 M: 76.5 F: 71.9
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RUNNING ON EMPTY

The South West Sydney Area Health Service has been running Food Projects in the Fairfield area since 1997. One of its current projects is Running on Empty established to work with community members to address food insecurity in three communities in South Western Sydney. *Food insecurity* refers to not having sufficient food, eating a poor quality diet as a result of limited food options, anxiety about acquiring food, or having to rely on food relief. Strategies can include: community gardens, food cooperatives, improvements in public transports, a Food Share program, and lobbying local shops for improved quality, variety and pricing of foods. The project is designed to engage community members to identify local food security issues and coping strategies.

Each project site has conducted a 'community mapping' exercise to identify existing community groups, organisations, places where people meet. These groups and places are used as initial access points to the community, where community members can become involved in the project. In order to engage those community members who do not participate in regular community groups etc, targeted and large scale community events will be conducted which aim to engage these residents.

Examples of these events include a morning tea with residents of local bed-sits, and a BBQ with NSW Department of Housing residents. Those community members who are interested in being more involved in the project are invited to be involved in a local action group. The project is being piloted in Villawood as well as two other sites in South Western Sydney as a partnership project between SWSAHA, community organisations and community members.

²³ Marmot, Michael 2003, *Social Inequalities in Health - Revisiting Beveridge*, Presentation to the College of Health Sciences and School of Public Health, University of Sydney, 24 September 2003

TRANSPORT

The research evidence: 'Cycling, walking and the use of public transport promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution. Because mechanization has reduced the exercise involved in jobs and house work, people need to find new ways of building exercise into their lives. This can be done by reducing the reliance on cars, increasing walking and cycling and expanding public transport. Regular exercise protects against heart disease and, by limiting obesity, reduced the onset of diabetes. It promotes a sense of wellbeing and protects older people from depression.' (from: *The Social Determinants of Health: The Solid Facts*)

What the data show for Fairfield: Data for these indicators suggest that Fairfield residents are relying more on motor vehicles and undertaking less travel by public transport than residents of Sydney as a whole. While one indicator suggests a reduction in the number of people travelling to work by car, the fall is slight and needs to be seen in the light of Council's 2003 survey data on public transport use.

The proportion of households with 3 or more motor vehicles is high relative to Sydney as a whole and is increasing

% of households with 3 or more motor vehicles	Fairfield: 1996 - 10.3% 2001 - 13%	GWS: 1996 - 11.6% 2001 - 13.2%	Sydney: 1996 - 9.3% 2001 - 10.7%
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The proportion of labour force with whole journey to work by car is decreasing in the Fairfield LGA, but the proportion of journeys to work by car in 2001 was much higher than for Sydney indicating that the extent of car usage overall is high.

% labour force with whole journey to work by car	Fairfield: 1996 - 68.6% 2001 - 67.6%	GWS: 1996 - 65.1% 2001 - 64.4%	Sydney: 1996 - 59.5% 2001 - 57.6%
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Public Transport: This profile of reliance on car travel is confirmed by Council's Customer Satisfaction Survey which found low usage rates of public transport. It is important to note that all bus services in the LGA are operated by private bus companies with limited fare concessions and comparably higher fares than government operated services. However, more than 50% of respondents said that even if public transport were safer, cheaper, ran more frequently or went to different areas, this would make no difference to their use of it

% respondents who 'use public transport to get around Fairfield and surrounding areas' often or very often'	Often	8%	Very often	10%
% respondents who said that improvements in public transport would <u>make no difference</u> to their use of it	Cheaper	51%	More frequent	52%
	Safer	54%	Different areas	57%

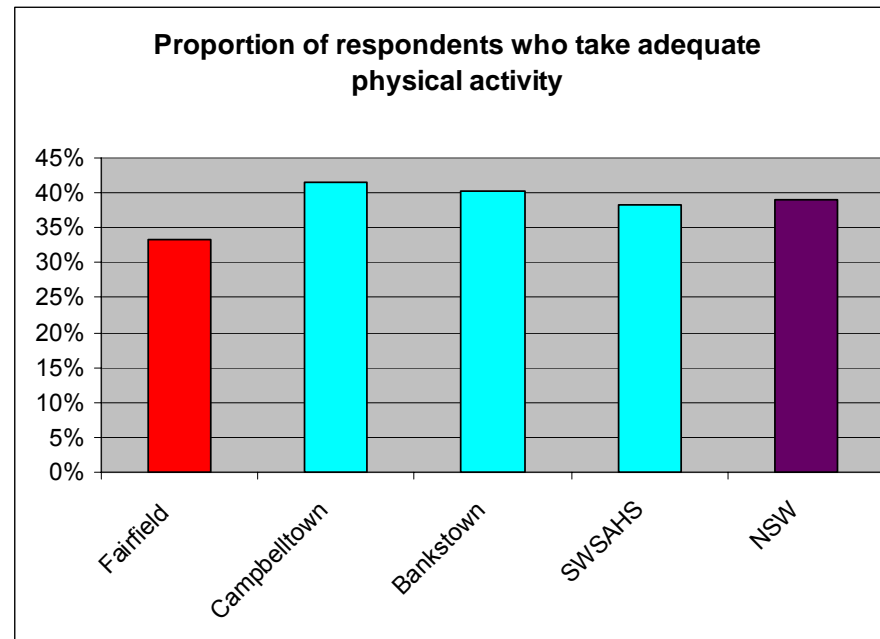
Proportion of trips undertaken by walking was higher in the Fairfield LGA than GWS but significantly less than for the Sydney SD (35%). Research undertaken for WSROC on travel patterns in GWS identifies that Fairfield is very similar to other LGAs with a high level of private transport for trips within the

LGA and region. However, walking is significant in the Fairfield LGA and consistent with the trend that walking is more evident in LGAs closer within the inner and middle ring suburbs of Sydney.

% of residents who walk for all trip purposes	Fairfield 2001 – 22%	GWS 2001 - 21%	Sydney 2001 - 35%
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Levels of physical activity: The proportion of adults who undertake adequate physical activity in the Fairfield LGA is low at 33.2% compared to much higher rates in Campbelltown (41.4%) and Bankstown (40.4%) and the NSW average of 39%. In broad terms, men are much more active than women while residents from non English speaking backgrounds are less likely to undertake adequate physical activity.

Proportion of respondents who take adequate physical activity	Fairfield: 33.2%	Campbelltown: 41.4%	Bankstown: 40.4%	SWSAHS: 38.3%	NSW: 39%
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CYCLEWAYS IN THE LGA

The NSW government is committed to promoting cycling and cycle facilities in NSW with its 10 year plan *Action for Bikes – Bikeplan 2010*. It considers that cycling provides long-term environmental and health benefits for the community.

The Fairfield LGA is well placed with some 18 kilometres of off-road cycleways including major facilities along Prospect and Orphan Creeks. The Parramatta to Liverpool Rail Trail and Liverpool-Parramatta Transitway (with associated bicycle/walking trails) also pass through the Fairfield LGA. The majority of these facilities are multipurpose and can be used for walking and for people with limited mobility (eg motorised gophers for people with a disability).

The LGA has an active Bicycle User Group in conjunction with Holroyd coordinated by the community-based advocacy group Bicycle NSW.

Anecdotal information suggests that bicycle usage is significant in the LGA with its relatively flat terrain suitable for cycling and extensive off-road bicycle network. However, data from the Transport Data Centre indicates that although bicycle ownership is high, trips to work by bicycle in Fairfield are declining (0.56% in 1991 to 0.4% in 2001). Similarly, data from the WSROC (see textbox for Work) which includes data on both work and non-work trips does not even consider cycling as part of the travel patterns in Greater Western Sydney.

Council officers and other government departments involved in the development of bicycle facilities suggest that the true level of cycling activity is not recorded by these surveys and that anecdotally, Fairfield has a much higher level of cycling than recorded. In particular non-work trips for shopping, school, visiting friends and recreation particularly by youth and residents from non English speaking countries may not be fully reflected in the data. Further research is required to determine more accurately the extent of cycling in the LGA , together with associated facilities/programs to promote usage (eg secure bicycle parking, cycle to school programs etc).

Source: Kendall Banfield, Sustainable Transport (Cycling) Strategist, Department of Infrastructure, Planning and Natural Resources; John Grinsell, Bicycle and Pedestrian Unit, Roads and Traffic Authority; and Geoff King, Senior Project Officer, Fairfield City Council.

BACKGROUND PAPER: ISSUES IN THE SELECTION OF INDICATORS

Identifying social issues through statistical description has been being undertaken since the 1830s²⁴ when the first censuses were taken in Europe and the USA. Early census data was used to examine patterns of public health, crime, poverty and alcohol abuse often seeking to identify causality from the data. Since that time governments have used both enumerations and sample survey data in an effort to describe and document social and economic trends. The Australian Census now collects an established repertoire of data, including age, country of birth, employment status, income, language skills etc. Unlike much statistical data for the nation which is based on sample survey, the Census is particularly useful to local councils because it provides data collected on an area basis (Census collector districts) which can be aggregated into local government authorities (LGAs). For this reason councils' demographic profiles usually begin with Census data. Many other statistical data collections, some health data, for example, cannot be related to LGA level.

From the beginning it has been recognised that in order to derive meaning from the array of available data, some statistical measures should be selected on the basis that they give a good indication of underlying or important social phenomena. These statistical measures have been called indicators.

*'Technically speaking, an indicator refers to a set of statistics that can serve as a proxy or metaphor for phenomena that are not strictly measurable'*²⁵.

The kinds of phenomena for which people have wanted indicators include social cohesion, the health of a community, the resourcefulness of a community, its resilience and so on. What is meant by the health of the community is arguable, and even if people could agree on what it means, the health of the community is the product of a complex series of interacting forces which are in continual flux. Most people agree that trying to describe the health of the community by documenting the rates of every kind of illness and every measure of wellness is a futile exercise resulting in too much data. As a result, governments have tried to capture trends and issues by focusing on some key measurable events such as death, crime, homelessness, labour force participation.

The use of death as a measure of public health provides a guide to many of the issues involved in the use of indicators. While measures of heart disease, for example, depend on definition, detection methods and variations in recording different levels of the disease, death is universally recorded and means the same thing from place to place. As a measure, death rates (mortality per 1000 population) are reasonably reliable, usually available, and what they measure is not in dispute. And although death is not health, when age specific rates of death are calculated they reveal life expectancy, and used in association with income data, relationships between poverty, illness and death have been shown again and again.

²⁴ Cobb Clifford W. and Craig Rixford, 1998, *Lesson Learned from the History of Social Indicators*, Redefining Progress, 1 Kearney St, San Francisco CA 94108- can be downloaded from www.rprogress.org/publications/pdf/socIndHist.pdf

²⁵ Ibid, p1

The problem for the users of social indicators is that few indicators are as unequivocal as death rates. For example, suicides are often under-recorded because of social attitudes to suicide, homelessness – potentially a good indicator of housing levels and health risks – is difficult to define and enumerate, unemployment rates depend on how the government currently defines unemployment, and where funding is tied to a measure, such as hospital waiting lists or education pass rates, the measure usually loses credibility rather rapidly.

Over the years, social statisticians have tried to identify indicators which are both valid (measure what they purport to measure) and reliable (produce results which can be compared over time and space), and to use several indicators to examine an issue so as to avoid over-reliance on one measure.

For example, the State of Oregon uses '90 indicators of wellbeing' and its *2003 Benchmark Performance Report*, gave the state an unequivocal "yes" for progress in education and a "qualified yes" for progress in improving the state's economy, environment, public safety, and social supports. The group issues a "qualified no" for progress in civic engagement by Oregonians and community development.²⁶

However, the Oregon Progress Board which is responsible for the selection and documentation of indicators has, over the past decade, reduced the number of indicators from 272 to 90²⁷ illustrating a further challenge in the selection of indicators, namely that just as one can be swamped with raw data, so too it is easy to have too many indicators.

There have been a number of traditional approaches to managing the volume of data and the number of potential indicators that can be used for social analysis and social policy decision making.

- 1 A number of analysts manage the volume of data and number of indicators by dividing them up into categories and subcategories. Traditional categories have been issue areas, sometimes called domains, such as health, housing, education and literacy, poverty, work, crime and safety. More recently, the environment, leisure, media and culture, and civic engagement have been added. Within each domain there can be dimensions and each dimension can have several measures²⁸. With this approach it is easy to understand how one can end up with 272 indicators.

²⁶ Oregon Progress Board, Press Release dated 13 March 2003. <http://www.econ.state.or.us/opb/2003report/Report/2003Press.pdf> (accessed June 2003)

²⁷ Cobb and Rixford, op cit p 19

²⁸ see for example Berger-Schmitt Regina and Heinz-Herbert Noll, 2000, Conceptual Framework and Structure of a European system of Social Indicators, EuReporting Working Paper No.9 for the European Commission's European System of Social Indicators project, Mannheim: Centre for Survey Research and Methodology, http://www.gesis.org/en/social_monitoring/social_indicators/EU_Reporting/eusi.htm (accessed June 2003)

For example, a recent study of indicators of community strength for the Department of Family and Community Services²⁹ identified four domains using the World Bank's classification of natural capital, produced economic capital, human capital and social and institutional capital. The study then considered in regard to each of these, resources, processes and outcomes. Potential indicators were discussed for each aspect of each dimension of each domain. Again this resulted in numerous potential indicators. The risk with this approach, especially at local government level is that policy makers are provided with an overwhelming amount of data the collective meaning of which is unclear.

- 2 Another approach is to reduce the number of indicators needed by using the perceptions of local residents as the principal measuring device. It can be argued that residents take many issues into account in arriving at their (summary) perceptions and therefore that their perceptions are a reliable yardstick. For example, councils frequently use sample surveys to inquire of their residents whether they are satisfied with service levels, the cleanliness of streets, with perceived opportunities for involvement in civic affairs, and whether they feel safe on the streets or on public transport.

However, there are big problems with this approach to measuring what is actually happening in a local area.

- First the most disadvantaged members of the community are difficult to contact (homeless, no telephone) or may decline to respond (feel aggrieved, alienated, disenfranchised). This distorts the results.
- Secondly, these surveys elicit responses which depend not on social realities but on the level of media attention being given to a particular issue. The really clear example of this is the massive drop in public confidence in water quality which occurred after Sydney Water announced it had found cryptosporidium in the water supply in 1998. Immediately prior to the announcement public confidence was very high. What this demonstrated was that the high levels of confidence were not related to actual water quality. Similarly perceptions of crime and safety are highly dependent on political and media manipulation. Numerous studies have shown that perceptions of lack of safety are not related to actual crime rates³⁰.
- Third, response rates can also be influenced by other factors to do with the respondent such as: a desire to please the interviewer, a desire to get rid of the interviewer, an unwillingness to reveal that the question has not been understood, an unwillingness to tell the truth or reveal to a stranger that there is a problem, and/or lack of time to consider the question.
- Fourth, this approach tends to result in indicators being selected because they are high on someone's agenda but not because they represent causal factors in social well being, i.e. often there are better indicators which are already available.

This is not to say that perceptual indicators should be completely ruled out. Sometimes there is no other source of data for the social phenomenon which a government would like to measure, and this is particularly the case for social cohesion and civic participation. In addition, it is now well established that perceptions of the community matter. Social epidemiological research shows conclusively that where people perceive that they are excluded, disregarded, left

²⁹ Black Alan and Philip Hughes, 2001, The identification and analysis of indicators of community strength and outcomes, *Occasional Paper No.3* Canberra: Department of Family and Community Services

³⁰ Roberts Julian V., Loretta J. Stalans, David Indermaur and Mike Hough (2003) *Penal Populism and Public Opinion, Lessons from Five Countries*, Oxford and New York: Oxford University Press

out, or relatively badly off in terms of income, education, housing, these perceptions themselves result in higher rates of heart disease and other diseases, difficulties in obtaining jobs, lower success rates at school and so on. The issue in building a set of indicators is however, that where data is available on income distributions, education outcomes and so on it is often more reliable as an indicator than reportage on perceptions for all the reasons listed above.

- 3 A related approach is to select indicators using a democratic process, for example the consensus recommendations of a stakeholder committee or focus groups. This approach may keep the numbers of indicators to manageable proportions but tends to result in high profile, perceptual indicators being preferred over more technical and research based indicators. Good indicators require more than a good procedure. They need to be substantively robust, justifiable and meaningful.
- 4 A further approach is to rely on a so called 'standard' set of indicators. Councils who underpin their social planning with ABS data alone are in effect adopting this approach. While the ABS data provides a basic set of information which is readily manipulated into a standard set of indicators, as the Department's draft manual on social and community planning points out, there are other sources of data which are likely to reveal important local characteristics. The problem with relying on ABS data alone is that most area based data collected by the ABS is done through the Census and this provides only a limited snapshot. Some important issues are completely omitted.

These examples demonstrate some of the dilemmas for local government. Too many indicators tends to mean that people find them unmanageable and this defeats the purpose of having them - namely, in this case, to assist Fairfield Council to carry out its obligations under the NSW Local Government Act. On the other hand, too few indicators usually means that the local authority ends up relying on too little data so that there is not enough to go on, or the Council is relying on an indicator which lacks credibility and is too open to challenge. In addition indicators selected on the basis of democratic process may reflect committee consensus but not be reliable, valid or justifiable in a substantive way.

CRITERIA FOR SOUND INDICATORS

As a first step, it is essential that the indicators selected meet the basic requirements of good statistical practice as well as the requirement of being suitable for use at local government level. This means that each indicator selected should be

- **Area based** – i.e. produced on an area basis for the LGA or LGA based data can be calculated from it. For example, Census data, some health survey data, educational data relating to schooling.

- **Available** – i.e. publicly available, or available to the council on a regular basis and at reasonable cost. For example, data on gaming can be purchased from the Department of Gaming and Racing.
 - **Valid** – i.e. the indicator measures what it purports to measure. For example many social analysts consider that unemployment rates reflect current definitions of benefit policies rather than the number of people who are not employed but would like to be.
 - **Reliable** – i.e. the same measure can be used comparably over time and between places. This is important for several reasons.
 - Reliable data over time can be used to calculate trends. Sometimes it is as important to understand the trend as it is to know the current result.
 - Reliable data for different places puts local data into a socio-geographic perspective. It can explain why local residents feel better or worse off than people in neighbouring LGAs.
 - **Relevant** – i.e. what it measures is relevant to administration at local government level. For example, an indicator which measures civic engagement should do so at the local level.
 - **Conceptually well based** - i.e. there should be research justification for using the indicator, and preferably the research should demonstrate that the measure relates to causes rather than symptoms.
 - **Legible** – i.e. it should be easy to understand what the indicator means.
 - **Telling** – i.e. the measure should convey critical, key or symbolic information that is telling for the Council, for example, it acts as a barometer, an alarm bell, a trigger for action or a confirmation that current policies are working or are focused in the right direction.
- Within this framework of criteria for sound indicators, it should be noted that indicators can be measures of resource inputs, processes or outcomes. Some text books refer to lead (inputs and processes) and lag (outputs and outcomes) indicators. State of the Environment Reports often refer to indicators of condition (the current condition of the water for example) indicators of pressure (rate of fuel consumption for example) and indicators of response (council's actions re waste management for example). These are yet more ways to classify indicators.

In this State of the Community Report, the aim has been to develop a set of indicators which include both lead and lag indicators, i.e. indicators that resources or processes are in place and indicators of outputs or outcomes.

KINDS OF MEASURES

Social indicators can be derived from the enumerations or record keeping of various agencies or from surveys of residents or local organisations. Indicators that are developed from enumerations or record keeping may be based on the whole of the relevant population. If the recording keeping is accurate, the data will be too. Most survey results rest on small samples of a population. These may need to be weighted to more accurately reflect the population sampled and in some cases it is necessary to calculate confidence levels for the result. Data from government records includes gaming data, hospital bed data, benefits data and

Census data. Generally speaking, except for the Census, social survey data can only be related to a local government geographic area if the survey has been commissioned with that in mind. Usually councils need both public agency data and sample survey data to build and inform a good set of social indicators.

Local surveys can add significantly to the kinds of data available to a council. For example they can be used to canvas

- **Activity levels and participation rates** (for example participation rates in local organisations and civic life)
- **Membership levels** (formal belonging eg. to a community organisation's mailing list)
- **Standards of living** or material possessions (car ownership or internet access at home for example)
- **Leisure preferences, food preferences, patterns of purchasing** (eg. number of times per week fresh fruit and vegetables are purchased)
- **Perceptions of subjective well being** (for example perceptions of belonging and of safety on the street)
- **Perceptions about others** in the community (for example rates of reported sense of trust in neighbours, tolerance of diversity)
- Perceptions about resource and infrastructure maintenance (eg. street cleaning and park refurbishment).

Most indicators present data in standardised formats. These are usually one of the following:

- **Rates** (death rates, infant mortality rates, school retention rates etc) convert the local data to a number per 1,000 (or 10,000 etc). This standardises the measure and makes it comparable.
- **Distributions** - these examine one rate across another variable (for example income distribution can be examined by looking at different levels of income by number of households or ethnicity or heart attack rates)
- **Average levels** and the degree of variance from the average (for example the average number of adults per gaming machine in NSW is 47, but in Fairfield it is 34)
- **Standards** and the level of variance from that standard (for example, the standard may be x nursing home beds per 1000 persons aged 75+ but in Fairfield there are y beds per 1000)
- **Levels of provision** of resources and infrastructure (for example, bicycle path kms installed, number/dispersion of youth facilities)
- **Unmet demand** (eg. length of waiting lists). Indicators based on unfulfilled needs are however, harder to determine due to the fact that as needs are met new needs always emerge.

TABLE 1: KEY DEMOGRAPHIC FEATURES BY SUBURB³¹

SUBURB	2001 Pop'n	Change 1996- 2001	Change 1996- 2001 %	NESC Residents	NESC Residents %	Poor Eng Speakers	Poor Eng Speakers %	ATSI Residents	ATSI Residents %	Children 0 - 4	Children 0 - 4 %	Primary 5 - 11	Primary 5 - 11 %	Youth 12 - 17	Youth 12 - 17 %
Abbotsbury	3861	809	26	1085	28.1	140	10.8	12	0.3	238	6.2	583	15.1	500	13
Bonnyrigg	8872	-60	-0.67	4513	50.9	1755	36.3	187	2.1	636	7.2	1093	12.3	1051	11.8
Bonnyrigg Heights	7107	1142	19	3651	51.4	1035	26.5	13	0.2	552	7.8	955	13.4	774	10.9
Bossley Park	14444	-744	-5	6252	43.3	1357	19.5	82	0.6	922	6.4	1576	10.9	1748	12.1
Cabramatta	19391	-2596	-12	12783	65.6	6802	50.5	48	0.2	1704	8.8	1838	9.4	1342	6.9
Cabramatta West	6538	373	6	3471	53.1	1487	39.8	41	0.6	456	7	735	11.2	563	8.6
Canley Heights	9917	4	0.04	5141	52.9	2126	38.2	71	0.7	771	8	1082	11.1	817	8.4
Canley Vale	10135	265	2.7	5631	55.6	2412	39.7	53	0.5	759	7.5	1095	10.8	804	7.9
Carramar	3128	-503	-13.8	1570	50.2	488	27.1	14	0.4	232	7.5	315	10.1	207	6.6
Cecil Park	596	90	17.8	157	26.7	21	12.7	7	1.2	34	5.8	65	11.2	64	11
Edensor Park	9338	1082	13.1	4366	46.8	1165	24.1	41	0.4	628	6.7	1140	12.2	1085	11.6
Fairfield	14586	1081	7.9	8832	60.3	3012	31.2	42	0.3	1101	7.5	1439	9.8	1203	8.2
Fairfield East	2332	-529	-18.5	1146	49.1	421	33.1	18	0.8	160	6.9	259	11.1	213	9.1
Fairfield Heights	5477	305	5.9	2671	48.8	785	25.7	43	0.8	398	7.3	605	11.1	495	9
Fairfield West	10360	226	2.2	4752	45.9	1350	25	71	0.7	704	6.8	1078	10.4	896	8.7
Greenfield Park	5386	136	2.5	2822	52.2	772	25.5	30	0.6	331	6.2	605	11.2	628	11.7
Horsley Park	1833	-130	-6.6	562	30.6	112	17.6	10	0.5	118	6.5	182	10	160	8.8
Lansvale	2444	-96	-3.8	913	37.4	289	27.6	22	0.9	175	7.2	270	11	186	7.6
Mount Pritchard	8977	731	8.9	3028	33.7	952	26.7	107	1.2	689	7.7	1001	11.2	764	8.5
Old Guildford	2179	499	29.7	769	35.2	212	25.3	7	0.3	191	8.8	276	12.7	208	9.5
Prairiewood	3317	503	17.9	1563	47.2	416	23.7	9	0.3	183	5.5	311	9.4	362	10.9
Smithfield	10382	178	1.7	3950	38.1	1029	22.3	108	1	689	6.7	1026	9.9	809	7.8
St Johns Park	5774	-1257	-17.9	2995	51.9	1070	33.6	18	0.3	369	6.4	555	9.6	593	10.3
Villawood	3500	-501	-12.5	1689	48.3	678	35.5	17	0.5	230	6.6	391	11.1	315	9
Wakeley	4887	243	5.2	2583	52.8	713	25.8	21	0.4	354	7.3	521	10.7	491	10
Wetherill Park	6407	-77	-1.2	2836	44.3	592	18.5	23	0.4	361	5.7	629	9.8	714	11.1
Yennora	1286	22	1.8	592	46.1	234	35.7	10	0.8	83	6.5	108	8.4	117	9.1
FAIRFIELD LGA	181900	115	0.06	90176	49.6	30288	31.8	1118	0.6	13038	7.2	19677	10.8	17079	9.4

³¹ Note: differences between LGA figures and total of suburbs is due to rounding of smaller areas.

SUBURB	Young 18 - 25	Young 18 - 25 %	Old 65+	Old 65+ %	One Parent H/H	One Parent H/H %	Lone Person H/H	Lone Person H/H %	Dwellings with 3+ Vehicles	Dwellings with 3+ Vehicles %	Private Rental Dwellings	Private Rental Dwellings %	Individual Income <\$160/wk	Individual Income <\$160/wk %
Abbotsbury	446	11.6	138	3.6	76	7.6	46	4.6	271	26.1	64	6.2	579	21.1
Bonnyrigg	1171	13.2	546	6.2	565	23.4	233	9.6	300	12.2	227	9.2	1928	29.1
Bonnyrigg Heights	898	12.6	298	4.2	194	11	73	4.1	354	19.6	196	10.9	1338	25.6
Bossley Park	1861	12.9	918	6.4	490	12.3	289	7.3	784	19.4	539	13.3	2504	22.7
Cabramatta	2057	10.6	2302	11.8	1128	18.6	1189	19.6	376	5.9	2548	40	4358	25.9
Cabramatta West	727	11.1	873	13.4	362	19.3	251	13.4	219	11.4	285	14.8	1342	26.6
Canley Heights	1144	11.8	1029	10.6	502	17.8	373	13.3	317	11.1	495	17.3	1936	26
Canley Vale	1083	10.7	1290	12.7	540	17.7	608	20	235	7.1	864	26.1	1852	23.4
Carramar	290	9.3	391	12.5	167	15.1	370	33.5	74	6.1	391	32.5	524	21.4
Cecil Park	89	15.3	45	7.6	19	12.4	7	4.6	67	40.9	18	11.5	73	15.3
Edensor Park	1176	12.6	512	5.5	310	12.4	149	6	476	18.8	306	12.1	1624	23.2
Fairfield	1658	11.3	1753	12	730	15.8	869	18.8	330	6.9	1986	41.4	2637	22.9
Fairfield East	267	11.5	266	11.4	103	14.6	136	19.2	85	11.8	148	20.5	398	22.1
Fairfield Heights	583	10.7	718	13.1	313	18.4	324	19	155	8.8	486	27.8	992	23.4
Fairfield West	1241	12	936	9	451	14.7	336	11	462	14.8	468	15	1797	22.1
Greenfield Park	685	12.7	308	5.7	195	13.5	108	7.5	245	16.6	202	13.7	1027	24.9
Horsley Park	208	11.4	185	10.1	52	9.7	81	15.2	200	35.6	98	17.9	242	16.3
Lansvale	236	9.6	268	11	104	13.4	122	15.6	139	17.4	74	9.3	395	20.7
Mount Pritchard	1080	12	1061	11.8	435	15.4	503	17.8	362	12.3	402	13.7	1399	20.2
Old Guildford	249	11.4	237	10.9	83	13.2	101	16	80	12.4	130	20.1	361	22.4
Prairiewood	401	12.1	372	11.2	120	13.6	77	8.8	169	19.2	84	9.5	629	23.9
Smithfield	1201	11.6	1452	14	473	14	670	19.9	465	13.3	674	19.3	1687	20.4
St Johns Park	746	12.9	532	9.2	147	10.1	89	6.1	295	19.4	166	10.9	1143	25.1
Villawood	354	10.1	577	16.5	212	18.6	279	24.6	81	6.9	154	9.8	607	22.1
Wakeley	651	13.3	332	6.8	181	13.2	106	7.7	227	16.3	205	14.8	915	24.2
Wetherill Park	910	14.2	440	6.9	184	10.1	159	8.7	383	20.5	252	13.5	1171	23.1
Yennora	134	10.4	249	19.4	67	15.5	132	30.7	37	8.2	73	16.4	273	26.4
FAIRFIELD LGA	21502	11.8	17882	9.8	7222	15.4	7662	14.4	7159	12.9	11508	20.9	33731	23.6

SUBURB	OCCUPATION										
	Labour Force Partic. %	15+ Post School Qual's	15+ Post School Qual's %	15+ No Qual's	15+ No Qual's %	Managers/ Professionals	Managers/ Professionals %	Clerical/ Sales	Clerical/ Sales %	Trade/ Labourers	Trade/ Labourers %
Abbotsbury	71.9	964	34.9	1798	65.1	664	34.8	675	35.3	532	27.8
Bonnyrigg	50.3	1277	19.3	5328	80.7	595	21.3	821	29.4	1245	44.6
Bonnyrigg Heights	60.8	1415	27.2	3793	72.8	688	24.2	843	29.7	1209	42.6
Bossley Park	62.2	3223	29.2	7815	70.8	1647	26	2052	32.4	2461	38.9
Cabramatta	45.3	2310	15.2	12921	84.8	992	18.3	1229	22.7	2958	54.7
Cabramatta West	45.9	842	16.6	4232	83.4	368	19	515	26.5	981	50.5
Canley Heights	49.5	1346	18.1	6090	81.9	571	18.6	825	26.9	1550	50.5
Canley Vale	45.6	1444	18.4	6425	81.6	599	20.1	754	25.3	1510	50.6
Carramar	48.7	581	23.7	1869	76.3	182	18.8	273	28.2	482	49.8
Cecil Park	65.7	155	33.5	307	66.5	92	32.3	64	22.5	110	38.6
Edensor Park	61.4	1995	28.5	5002	71.5	1033	26.4	1178	30.1	1575	40.3
Fairfield	47	2620	22.9	8817	77.1	854	19.6	1244	28.5	2113	48.4
Fairfield East	51	410	23	1374	77	167	21.9	197	25.8	382	50
Fairfield Heights	48.5	976	23.3	3221	76.7	394	22.9	536	31.1	745	43.2
Fairfield West	55.4	1976	24.4	6114	75.6	833	20.9	1267	31.8	1762	44.3
Greenfield Park	58.4	1106	26.7	3038	73.3	566	26.2	641	29.6	877	40.5
Horsley Park	60	338	23.5	1099	76.5	255	31.4	233	28.7	306	37.7
Lansvale	54.6	535	28.3	1356	71.7	252	27.1	262	28.2	403	43.4
Mount Pritchard	53.8	1758	25.5	5129	74.5	739	22.1	1082	32.4	1404	42
Old Guildford	52.1	399	25	1197	75	177	23.8	242	32.5	307	41.3
Prairiewood	53.3	666	25.3	1964	74.6	323	26	449	36.2	447	36
Smithfield	52	1971	23.9	6277	76.1	747	19.1	1204	30.8	1830	46.9
St Johns Park	54.8	982	21.6	3568	78.4	528	23.8	615	27.7	998	44.9
Villawood	43.4	503	18.6	2206	81.4	210	22.1	261	27.4	437	45.9
Wakeley	60.4	1012	26.9	2752	73.1	502	24.8	634	31.3	834	41.2
Wetherill Park	61.9	1429	28.1	3646	71.9	703	24	978	33.4	1149	39.2
Yennora	39.4	193	18.9	830	81.1	76	21.5	114	32.2	148	41.8
FAIRFIELD LGA	52.7	32310	22.9	108524	77.1	14741	22.7	19184	29.6	28673	44.2