



National Seniors Social Survey – 2025

Report to the Commonwealth Department of Health and Aged Care

National Seniors
AUSTRALIA

© **National Seniors Australia 2025**

National Seniors Australia (National Seniors) owns copyright in this work. Apart from any use permitted under the Copyright Act 1968, the work may be reproduced in whole or in part for study or training purposes, subject to the inclusion of an acknowledgement of the source. Reproduction for commercial use or sale requires written permission from National Seniors. While all care has been taken in preparing this publication, National Seniors expressly disclaims any liability for any damage from the use of the material contained in this publication and will not be responsible for any loss, howsoever arising, from use or reliance on this material.

National Seniors ABN: 81 101 126 587

Ethics approval: 2023-11-1424-A-1

Suggested citation:

National Seniors Australia (2025) National Seniors Social Survey - 2025. Brisbane: National Seniors Australia.

ACKNOWLEDGEMENTS

We are grateful to everyone who participated in the National Seniors Social Survey in 2025 and whose responses provide the data for this report.

We acknowledge the traditional custodians of the land and waters in which we operate, the Turrbul People, and all other First Nations, Aboriginal, and Torres Strait Islander people. We honour and value their continuing cultures, contributions, and connections to Country, and pay our respects to Elders, past and present.

CONTENTS

- Overview 4
- Results..... 5
 - 1. Socio-demographic characteristics 5
 - 2. Employment, retirement and finances 6
 - 3. Unpaid care, volunteering and domestic work..... 7
 - 3.1 Gender differences in domestic work and caring..... 7
 - 4. Chronic conditions, self-rated health and care needs 8
 - 4.1 Respondents living with one or more chronic conditions 10
 - 4.2 Government funded home care 10
 - 5. Quality in aged care service delivery 11
 - 6. Support to age well 14
 - 6.1 Allied health services..... 14
 - 6.2 Assistance with managing daily life or household tasks 16
 - 6.3 Housing and accommodation adaptations to support ageing 19
 - 7. Digital engagement..... 20
 - 7.1 Self-rated ability to use digital technology 21
 - 7.2 Digital technology and information preferences 21
 - 7.3 Attitudes to digital technology..... 22
 - 7.4 Age differences in digital engagement 23
- Qualitative question responses 25

OVERVIEW

This report presents the numerical results from the National Seniors Social Survey for 2025 (NSSS-25). The NSSS is conducted annually and is funded by the Department of Health and Aged Care (DHAC) under the Dementia and Aged Care Services Fund (Activity ID 4-EOPL804). It is designed by the research division of NSA and constitutes a core element of National Seniors Australia's (NSA's) Workplan.

The NSSS is administered online using the survey platform [Survey Manager](#). Anyone aged 50-years and over and living in Australia is eligible to participate. The questions are in point and click format with free text options available for respondents to provide more detail about their answers if they wish; an approach that leads to useful insights into older people's sentiments and their experiences of ageing. The survey includes a skip logic function to avoid non-applicable questions for respondents.

Survey topics and questions for 2025 were developed in collaboration with the members of the System Policy and Evidence Branch within the Ageing and Aged Care Group of DHAC. This year's questions addressed the following:

- Respondent demographics
- Quality in age care services
- Support to age well
- Engaging with digital technology.

The NSSS-25 was approved by Bellberry Human Research Ethics Committee (2023-11-1424-A-1).

Recruitment occurred between 19th – 31st March 2025. Survey participation was promoted to NSA members and subscribers in a direct email, in the NSA online newsletter and through social media. Further distribution to other older Australians was encouraged. All promotional material included a link to the survey and the associated information and consent document. Paper copies of the survey were available on request.

Approximately 4500 people participated in the NSSS-25. No question was compulsory, so the number of responses varied across questions.

For each question, survey results are tabulated or presented graphically. Where appropriate, statistically significant differences in outcomes according to age group and binary gender are also highlighted. Differences were tested with Chi-square tests, $p < .05$.

The text-based questions and the approximate number of responses for each are listed at the end of this report. Qualitative outcomes are not presented in these preliminary findings but will be incorporated in subsequent topic-specific reports.

RESULTS

1. Socio-demographic characteristics

Table 1. Socio-demographic characteristics of NSSS-25 respondents

trait	percent	trait	percent
Age group (4971), [w=women]		Living arrangement (4947)	
50-64	10.3 [w=12.1]	alone	32.5
65-74	48.9 [w=50.3]	with spouse	58.6
75-84	35.8 [w=32.8]	with children or grandchildren	7.1
85-plus	5.0 [w=4.3]	with parents, relatives or guardians	0.9
Gender (4993)		with friend or friends	2.1
women	56.7	in residential care	0.3
men	43.2	other arrangement	1.1
non-binary	0.1	State or territory (4976)	
Self-reported health (4900)		ACT	3.2
excellent	11.9	NSW	23.8
good	55.5	NT	1.0
fair	25.2	QLD	31.6
poor	5.8	SA	9.8
very poor	1.5	TAS	1.9
unsure	0.2	VIC	18.9
Formal education (4940)		WA	10.0
primary school	0.7	Location (4968)	
high school to yr 10	15.2	metro	34.2
high school to year 12	10.1	outer metro	26.4
other certificate or diploma	32.1	regional	27.3
Bachelor's degree	16.6	rural	11.2
postgrad qualification	25.3	remote	0.9
Partner status (4950)		Diversity (4821)	
single	14.2	First Nations people	1.0
married or de facto	54.2	LGBTI people	2.2
in relationship living apart	5.1	CALD people	3.2
divorced/separated	2.4	disabled people	6.3
widow/widower	10.1	veterans	4.7
a different scenario	13.0	Have a religious belief that is important to you (4569)	34.1

2. Employment, retirement and finances

Table 2. Employment, retirement and financial characteristics of NSSS-25 respondents

trait	percent
Employment (4711)	
not in paid employment, not looking for work	76.6
doing casual irregular work	6.7
employed 1-15hrs/week	5.3
employed 16-30hrs/week	4.0
employed 30+hrs/week	5.7
looking for paid work	1.7
Retirement (4918)	
not retired	7.9
permanently retired	71.2
transitioning to retirement	7.5
retired but open to working	11.5
moving in and out of retirement	1.9
Income (4823)	
super	58.4
investment property	8.6
other savings & investments	26.2
wage or salary	14.9
Age Pension	45.4
other government payment	6.4
rely on spouse's income	3.9
other	3.4
unsure	0.5

trait	percent		
Value of investments, savings and super (3860)	Answering as individual (2318)	Answering as couple (1542)	
	<\$10k	12.5	6.6
	\$10k-\$50k	13.1	8.5
	\$50k-\$100k	9.4	7.7
	\$100k-\$200k	10.9	7.3
	\$200k-\$350k	11.0	9.0
	\$350k-\$500k	9.4	8.3
	\$500k-\$750k	9.0	11.1
	\$750k-\$1.5M	12.9	22.0
	>\$1.5M	9.0	17.3
unsure	2.9	2.5	
Financial comfort (4737)			
very comfortable	13.2	12.0	
comfortable	60.4	52.4	
tight	20.5	26.0	
very tight	5.6	9.7	
Housing tenure (4743)			
own home outright		77.0	
own with mortgage		9.9	
renting		7.9	
other		5.2	

3. Unpaid care, volunteering and domestic work

Table 3. Proportions of NSSS-25 respondents who do unpaid domestic work, volunteer, and provide unpaid care

activity	percent
Domestic work (4871)	
30-plus hrs	11.9
15-29 hrs	25.4
5-14 hrs	42.3
less than 5 hrs	13.7
don't do unpaid domestic work	6.8
Does volunteering (4790)	
Yes	38.5
No	59.5
Unsure	2.1

activity	percent
Provides unpaid care (4870)	
For adult needing some assistance	19.1
Is or has been a primary carer (4889)	
For 6 months or more: dependent partner, family member or friend	27.0

3.1 Gender differences in domestic work and caring

Women reported doing more hours of domestic work than men (Figure 1) and a higher proportion of women than men were primary carers for 6 months or more (Figure 2). There were no gender differences in providing unpaid care through assisting with everyday tasks.

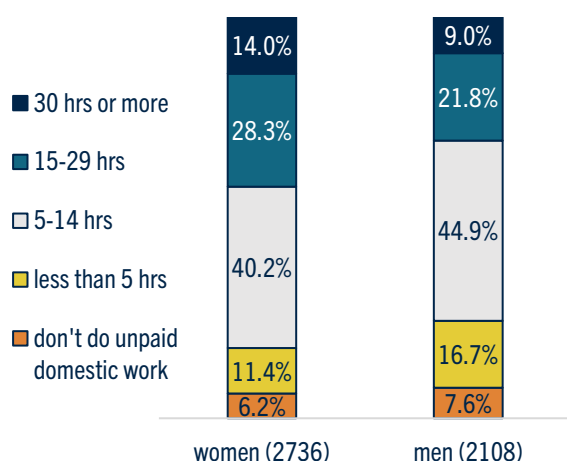


Figure 1. Binary gender differences in hours of domestic work

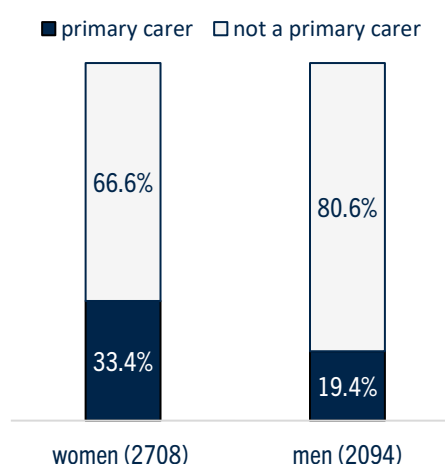


Figure 2. Binary gender differences in being primary carer

4. Chronic conditions, self-rated health and care needs

Respondents were asked if they had a current diagnosis or were being treated for one or more of 10 chronic conditions. Arthritis was the most common condition experienced, followed by back pain and cardiovascular disease.

The proportions experiencing each of the chronic conditions varied according to binary gender and age group. The ordering of proportions experiencing each condition remained consistent across gender (Figure 3) but varied for age group (Figure 4).

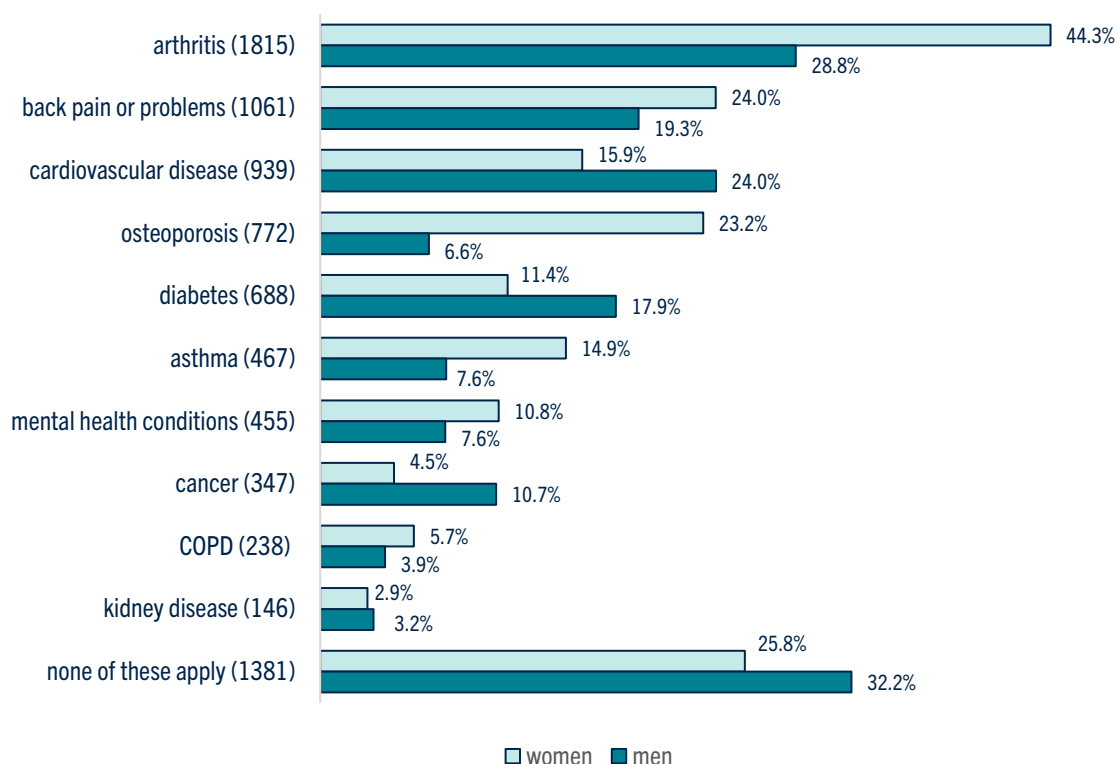


Figure 3. Chronic conditions of NSSS-25 respondents according to binary gender.

For all age groups, arthritis was the most common condition, but mental health conditions particularly showed marked age group differences. For the 50-65 age group, 19% said they had a mental health condition, making it the second-most common condition identified.

Comparatively, mental health conditions were the second-lowest ranked in prevalence for the 74-85 age group (6% with a diagnosis or receiving treatment) and lowest for people aged 85-plus (4% with a diagnosis or receiving treatment).

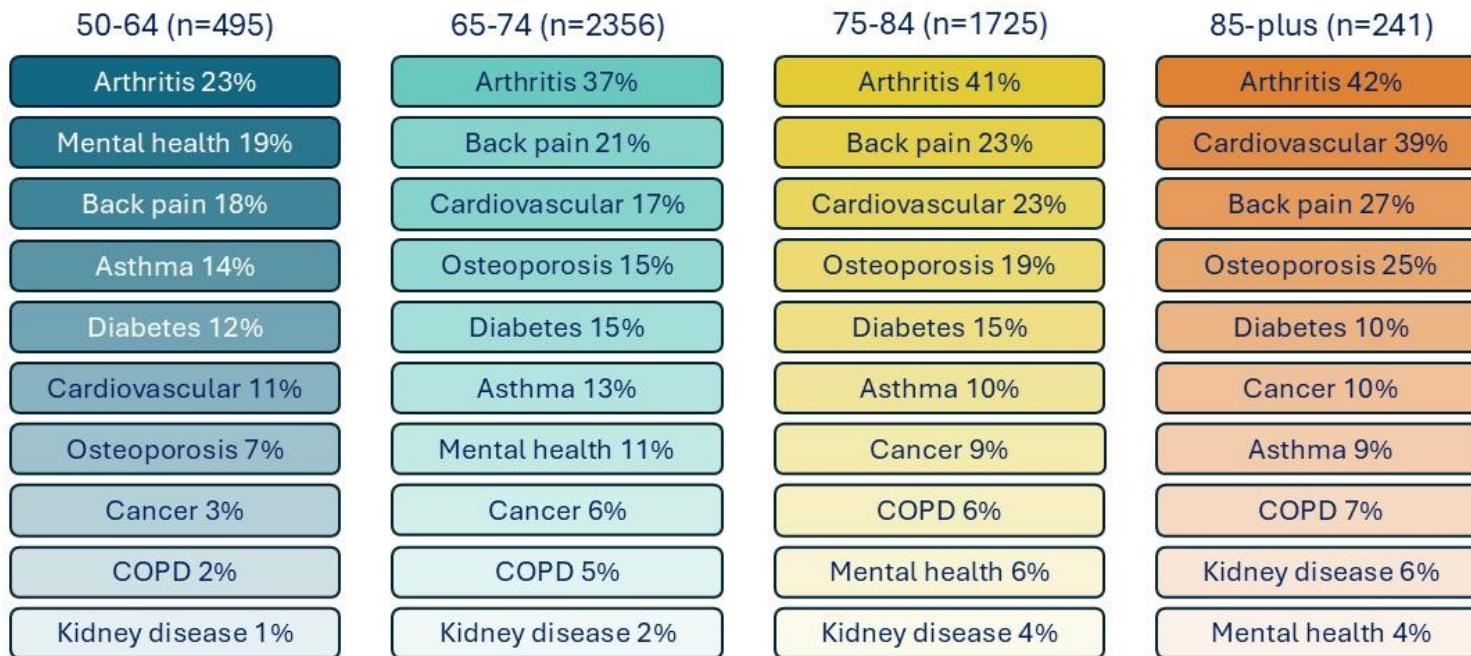


Figure 4. Chronic conditions of NSSS-25 respondents according to age group.

4.1 Respondents living with one or more chronic conditions

Approximately 30% of NSSS-25 respondents were diagnosed with or treated for one condition and a further 20% had two chronic conditions. Twenty-eight percent had no chronic conditions.

Overall, the number of chronic conditions reported corresponded well to self-rated health. For those who said they were in poor or very poor health, 83% had a current diagnosis or were being treated for two or more conditions.

Table 4. Self-rated health by number of chronic conditions

	Poor or very poor health (354)	Fair health (1226)	Good or excellent health (3250)
No chronic conditions	3.1%	9.2%	38.4%
One condition	13.8%	27.1%	33.8%
Two conditions	20.1%	28.1%	18.9%
Three conditions	20.1%	19.7%	6.6%
Four conditions	26.0%	9.9%	1.7%
Five to eight conditions	17.0%	6.0%	0.6%

4.2 Government funded home care

For those who had received or were seeking government funded home care services (n=852; 20%), two-thirds nominated that their services would be Commonwealth funded. A further 10% said their services would be state funded and four percent said services were funded by their local council. A quarter of respondents were unsure about the funding source of their services.

Of those receiving or applying for Commonwealth-funded services, two-thirds had received their approved level of support. A further 10% were approved for higher levels of support than they were receiving and 12% had approval but were still waiting for care delivery.

Of the 62 people who said they were waiting for care (or their appropriate level of care) the most common wait time was 6 months (16 people), but a further 13 people had been waiting between one and three years for services.

Not surprisingly, older age groups were more likely to be receiving or seeking government aged care services; 56% of people aged 85-plus received or were seeking care as were 28% of those aged 75-84. Only 11% of those aged 65-74 were engaged with care services.

Thirty percent of those with fair health and 56% of those with poor or very poor health received or were seeking home care.

5. Quality in aged care service delivery

This section asked respondents about their expectations and priorities for the aged care workforce. Figure 5 summarises respondents' views on the importance of various training and employment conditions for aged care workers.

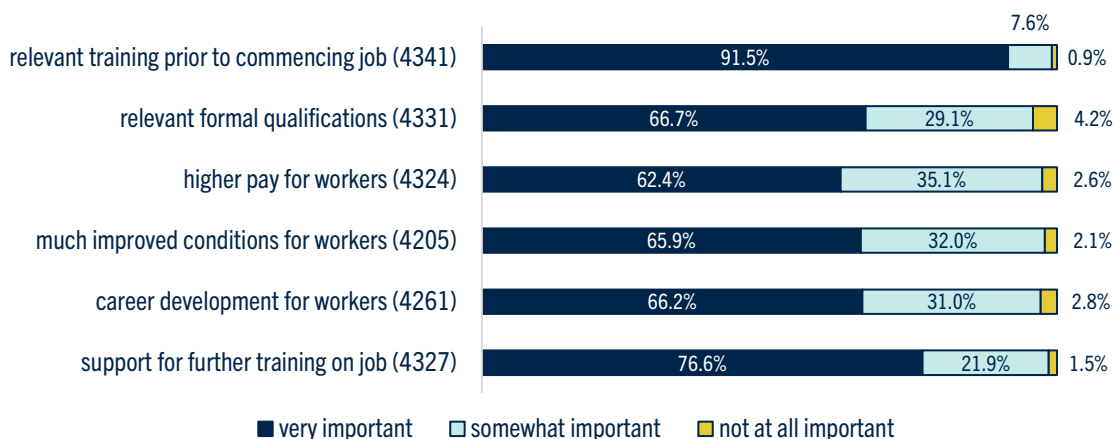


Figure 5. The importance of aged care workforce training and employment conditions. Unsure responses excluded.

Improved worker conditions was the only response where age group differences were apparent; 73% of 50–64-year-olds thought it was very important compared to 58% of those 85-plus.

For all training and employment conditions, higher proportions of women than men thought they were 'very important' as shown by Figure 6.

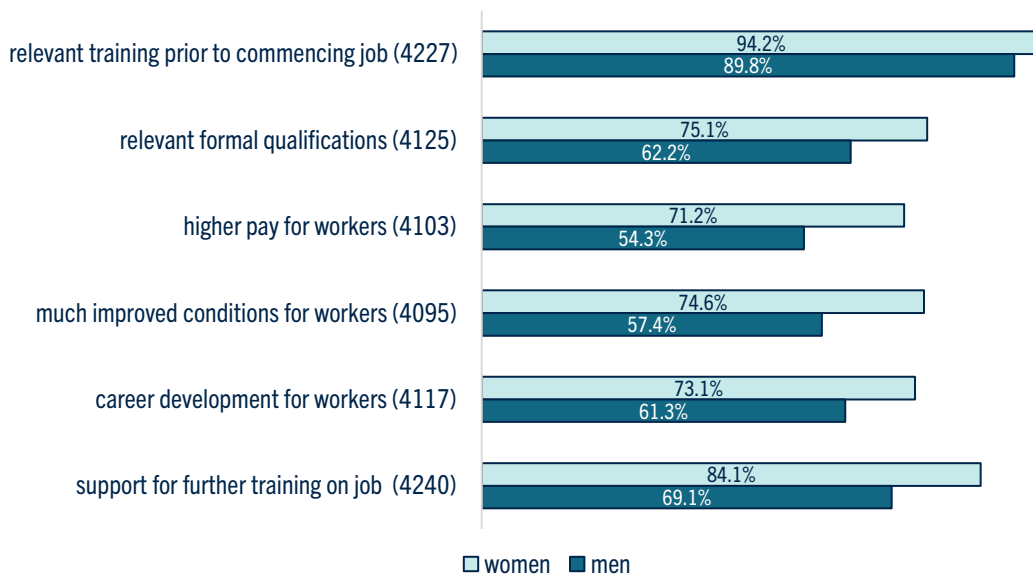


Figure 6. Binary gender differences in ranking aged care workforce training and employment conditions as 'very important'.

Figure 7 shows the priority respondents gave to characteristics of the aged care workforce when thinking about the quality of aged care services.

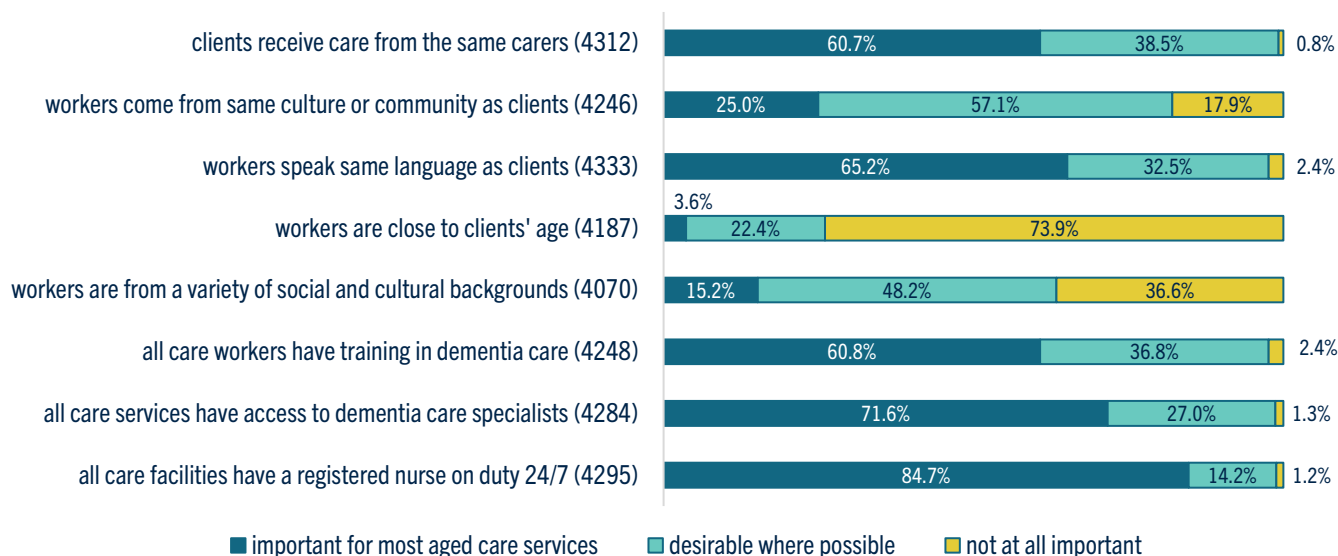


Figure 7. Importance of aged care workforce characteristics to providing quality aged care services. Unsure responses excluded.

Significantly different age and binary gender differences regarding the importance of workforce characteristics to aged care service quality are presented in Table 5 (age differences) and Figure 8 (gender differences).

Table 5. Age differences in perceptions of workforce characteristics that are important for quality in aged care services

Important for most aged care services	50-64	65-74	75-84	85-plus
workers are from a variety of social and cultural backgrounds	16.7%	17.3%	12.8%	7.3%
all care workers have training in dementia care	65.8%	63.9%	60.2%	53.6%
all care services have access to dementia care specialists	76.4%	75.6%	68.9%	61.4%

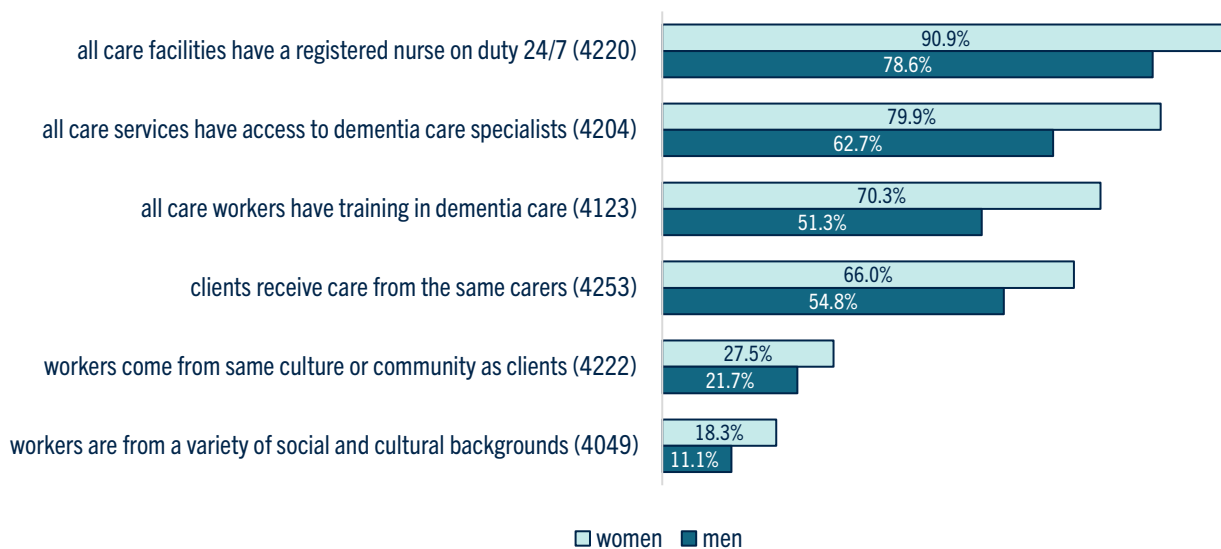


Figure 8. Binary gender differences in perception of workforce characteristics that are important for quality in aged care services.

6. Support to age well

Questions in this section asked about the services, assistance, equipment, or housing changes people may have sought for themselves or another older person.

6.1 Allied health services

Respondents were asked about accessing one or more of ten allied health services for themselves or another person. Table 6 presents respondents' patterns of engagement with these services.

Table 6. Engagement with allied health services for self or another older person

	Did not access or try to access this service		Regular and ongoing access to service		Accessed temporarily for specific need		Accessed service but less than needed		Tried to access service but was unable to	
	for self	for other	for self	for other	for self	for other	for self	for other	for self	for other
Physiotherapy	50.8%	85.3%	14.9%	5.1%	29.8%	8.1%	3.7%	0.9%	0.7%	0.6%
Podiatry	55.2%	84.1%	28.2%	11.3%	13.0%	3.5%	2.5%	0.6%	1.2%	0.6%
Hydrotherapy	92.3%	98.1%	3.0%	0.6%	2.3%	0.7%	0.9%	0.2%	1.5%	0.4%
Occupational therapy	91.5%	95.2%	1.6%	1.5%	5.2%	2.5%	0.7%	0.3%	1.0%	0.5%
Social work	95.4%	96.3%	0.9%	1.0%	2.3%	1.7%	0.4%	0.4%	1.0%	0.6%
Dietician	87.3%	95.5%	2.3%	1.2%	8.3%	2.6%	1.2%	0.3%	0.9%	0.5%
Speech pathology	98.1%	98.6%	0.5%	0.4%	0.9%	0.7%	0.2%	0.2%	0.3%	0.1%
Psychology	88.6%	96.1%	4.2%	1.5%	5.1%	1.3%	1.0%	0.4%	1.1%	0.6%
Audiology	68.0%	88.6%	18.1%	6.7%	11.2%	3.6%	2.2%	0.8%	0.6%	0.3%
Credentialed diabetes specialist	91.2%	96.5%	4.3%	1.9%	2.8%	1.2%	0.9%	0.2%	0.8%	0.2%

People who had accessed or had tried to access one or more of the listed ten allied health services were asked how they paid for or intended to pay for the services.

If they had accessed services for another older person, they were also asked to indicate how that person paid for or intended to pay for these services.

More than one payment option could be selected.

Figure 9 below shows private health insurance and regular income were the most common forms of payment for individuals and the people they assisted.

The ordering of payment methods in terms of proportions was the same across the two groups, but payment from age care funds was more common in the group being assisted to access services.

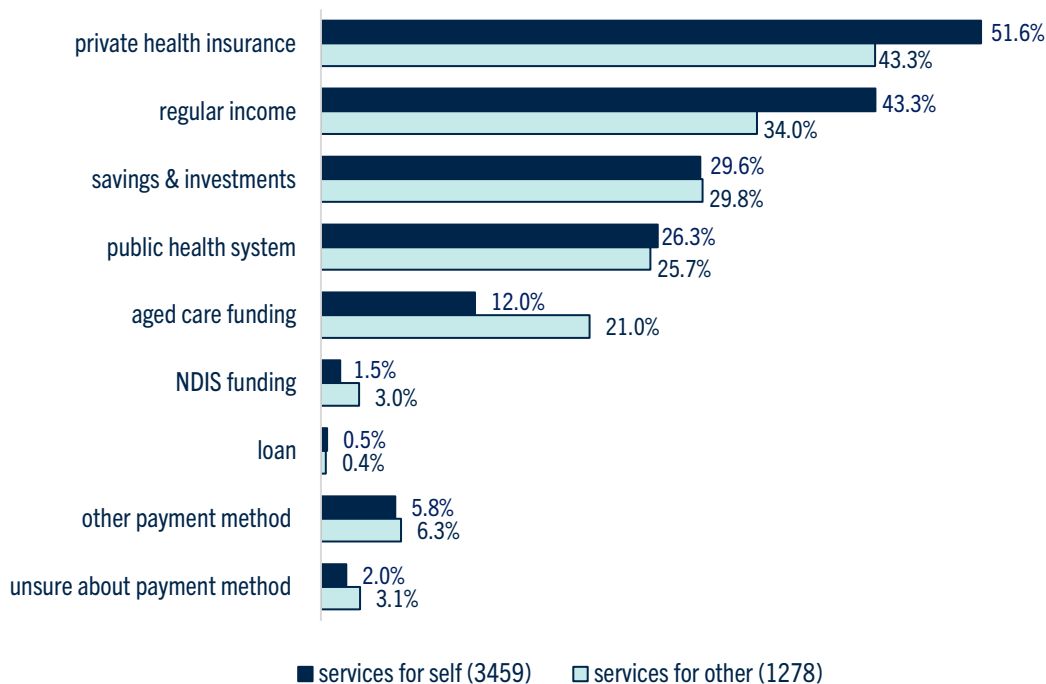


Figure 9. Payment preferences of respondents and those they assist to access allied health services.

6.2 Assistance with managing daily life or household tasks

Respondents were asked about their access or planned access to remedial services and equipment for physical or mental needs that arise in their daily lives.

Household services

Relatively low proportions accessed or tried to access services associated with home maintenance. Regular and ongoing assistance was mainly for gardening and housecleaning tasks with specific tasks requiring a tradesperson being the most common type of assistance needed.

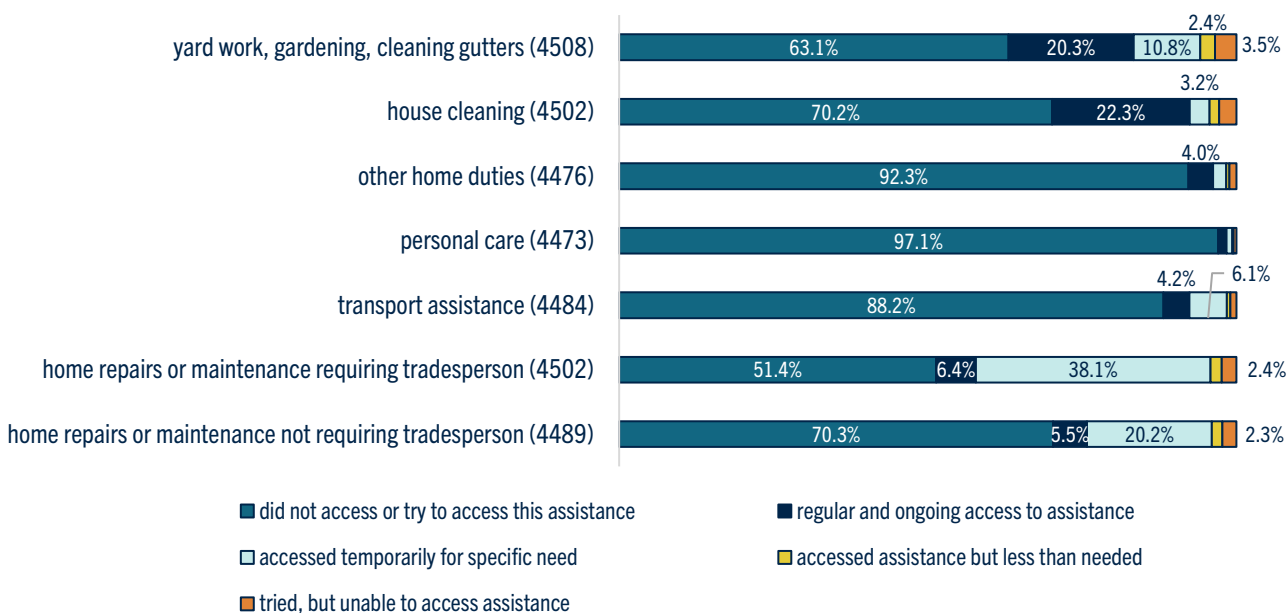


Figure 10. Engagement with assistance to manage everyday tasks and household maintenance. Engagement proportions of less than 2% are not presented.

The proportions nominating reasons for accessing assistance are provided in Figure 11.



Figure 11. Proportions of respondents nominating one or more reasons for needing assistance to manage everyday tasks and household maintenance.

Payment for assistance was primarily through regular income and by using funds from savings and investments. A small proportion (15%) funded household assistance using aged care funding.

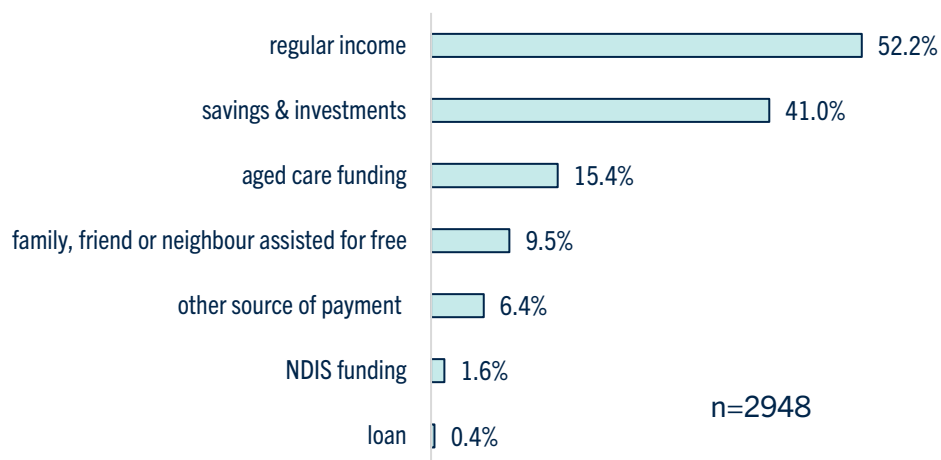


Figure 12. Sources of funds used by respondents to pay for assistance with everyday tasks and household maintenance.

Remedial services and equipment

Tables 7 and 8 present respondents' engagement with accessing remedial services or equipment that provide ageing support. There was limited need or intended take-up of remedial services or equipment. Chiropractic services, massage services, falls devices and safety rails were the items accessed the most.

Table 7. Engagement with remedial service providers to assist with managing everyday life at home

	have accessed service	plan to access service	need service: haven't tried to access	unable to access service	service not needed currently
Chiropractor (4468)	11.0%	1.6%	1.4%	0.6%	85.5%
Osteopath (4427)	4.2%	1.2%	1.8%	0.5%	92.3%
Acupuncturist (4428)	4.2%	1.3%	1.8%	0.5%	92.1%
Art therapist (4396)	0.5%	0.1%	0.8%	0.3%	98.3%
Remedial massage therapist (4463)	12.5%	4.2%	5.0%	1.8%	76.6%
Diversional therapist (4396)	0.2%	0.1%	0.4%	0.2%	99.1%

Table 8. Engagement with accessing remedial equipment to assist with managing everyday life at home

	already have this	plan to access it	need it: haven't tried to access	unable to access it	not needed currently
Walker, wheelchair or mobility scooter (4465)	7.0%	0.8%	0.7%	0.3%	91.2%
Safety rails inside or outside home (4475)	18.3%	2.4%	2.5%	1.1%	75.8%
Body support technology (e.g. lift recliner chair, electric bed) (4464)	7.1%	1.1%	1.3%	0.5%	90.0%
Self-care technology (e.g. dressing aid, over-toilet frame) (4465)	5.1%	0.4%	0.4%	0.3%	93.9%
Adapted tools or cutlery (for easier holding and reaching) (4458)	3.3%	0.7%	0.9%	0.2%	95.0%
Devices to monitor for falls or medical events (4472)	10.2%	1.6%	3.3%	0.7%	84.2%

6.3 Housing and accommodation adaptations to support ageing

Higher proportions of people had housing or home-related supports in place compared to the proportions engaging with remedial services and equipment. Nonetheless, more than half of respondents were not planning for or even considering the options listed including home care services or a small home.

Table 9. Engagement with home adaptations or support in later life

	already have this	have active plans for this	possibly, but no current plans	want this but can't access it	not considering currently
Lift or stair lift (4436)	2.3%	0.7%	6.7%	0.5%	89.8%
Ramps or wheelchair-wide doorways (4442)	7.2%	1.4%	9.1%	0.6%	81.9%
Bathroom or kitchen accessibility modifications (4442)	9.8%	2.3%	12.5%	1.0%	74.4%
A small home (4436)	20.3%	4.1%	16.7%	1.3%	57.6%
A low maintenance yard or no yard (4445)	21.6%	5.6%	18.9%	1.9%	52.1%
Home care services (4463)	11.8%	5.1%	22.9%	2.9%	57.4%
Supported accommodation or residential aged care (4440)	1.0%	1.3%	15.1%	0.4%	82.3%

7. Digital engagement

This section presented respondents with questions about their opinions and experiences of digital technologies and the social changes that have accompanied the transition to digital interactions.

The age group differences in the devices used by respondents to access the internet are presented by Figure 13.

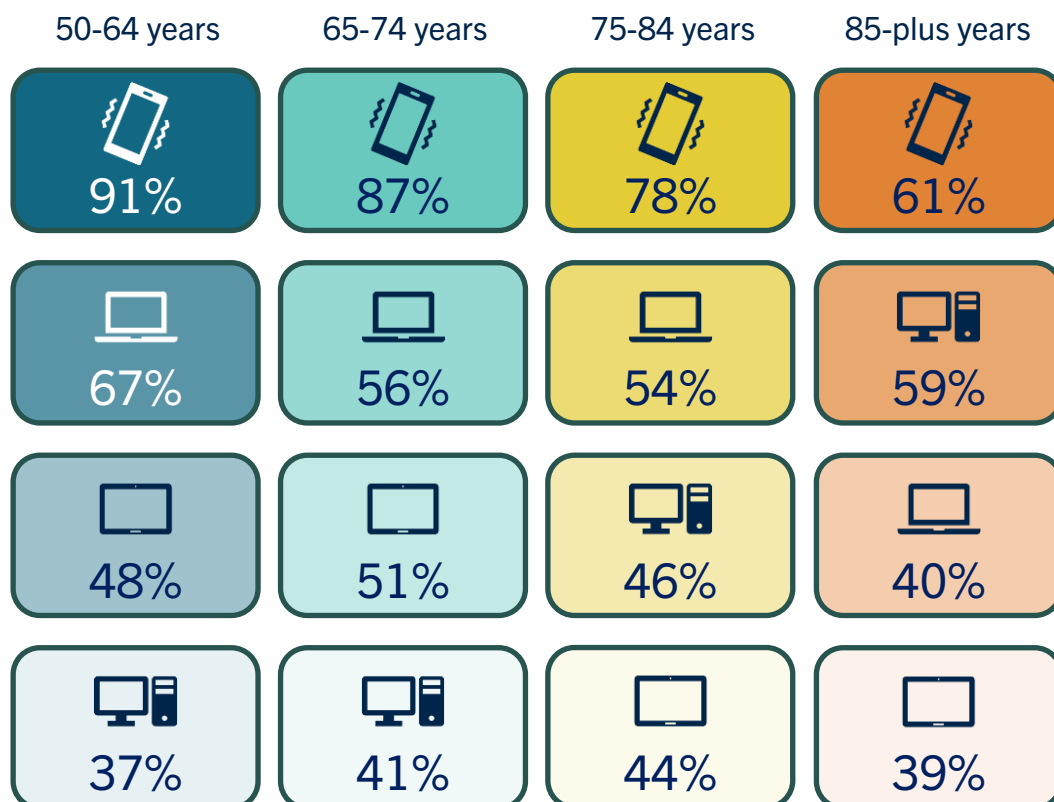


Figure 13. Age differences in devices used to access the internet (from top to bottom in left column, icons symbolise mobile phone, laptop computer, tablet, desktop computer).

Thirty percent of respondents said they had been a victim of an online fraud or scam where they had lost money or had their identity used fraudulently; 4% were unsure. There were no differences across age groups or binary gender in the proportions experiencing fraud or being scammed.

7.1 Self-rated ability to use digital technology

Respondents were asked to rate their ability to do various digital tasks as either “excellent”, “good”, “acceptable”, or “poor”. They also had an “unsure” option, but these responses are excluded from the proportions shown below.

For all tasks except for interacting over video and using streaming services, 75% or more of respondents thought their abilities were good or excellent.

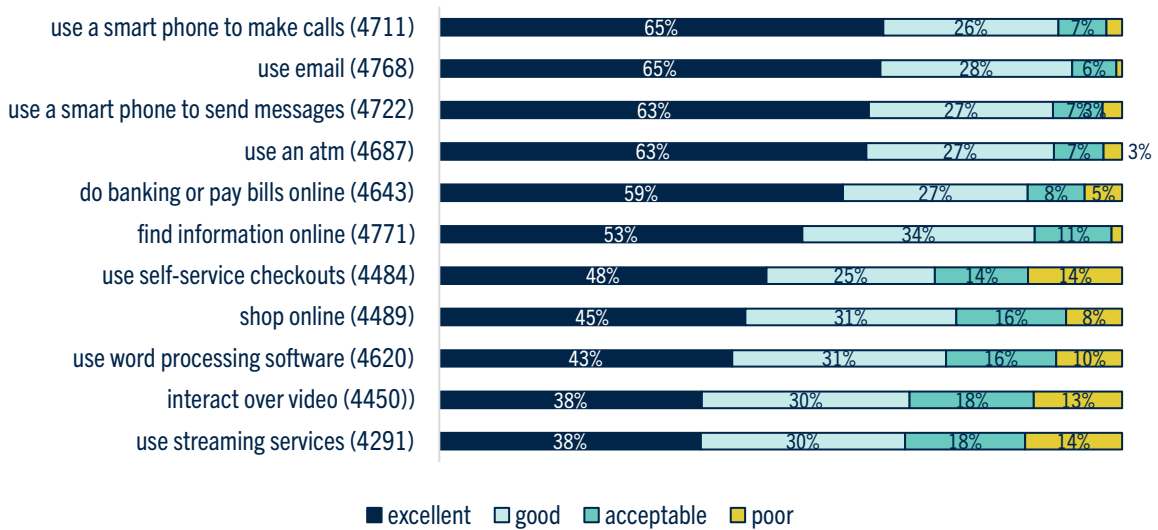


Figure 14. Self-rated digital ability. Values under 2% not presented; unsure responses excluded.

7.2 Digital technology and information preferences

We also asked about people’s preferences for engaging with seven different types of information; whether they liked the information as a hard copy, in digital form, or whether it depends on the situation. The strongest endorsement of hard copies was for books, restaurant menus and manuals for household appliances. Most people preferred receiving bills digitally.

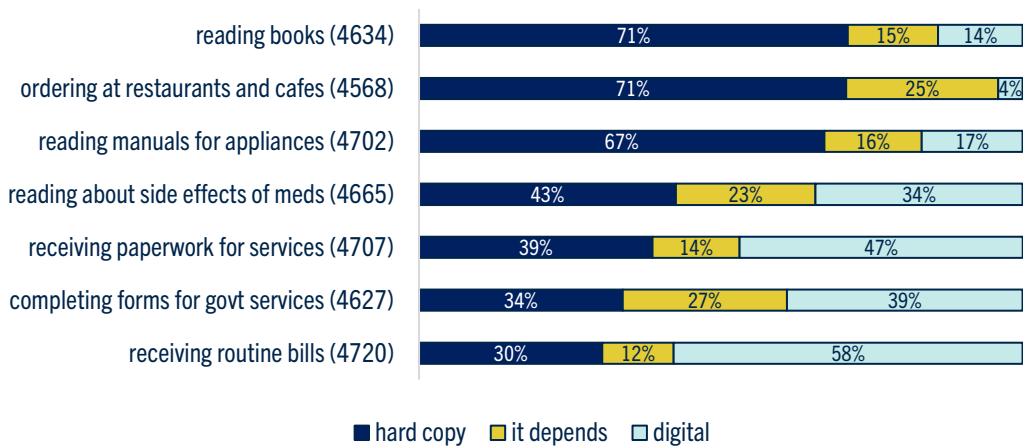


Figure 15. Preference for engaging with different types of information.

7.3 Attitudes to digital technology

The final set of questions in the digital module of the survey asked people to indicate their level of agreement with a series of statements about digital services or how they engage with them. The largest proportions of respondents agreed strongly with having the option of face-to-face interactions with government services and for banking tasks. Eighty percent agreed that privacy concerns about online information were a worry for them.

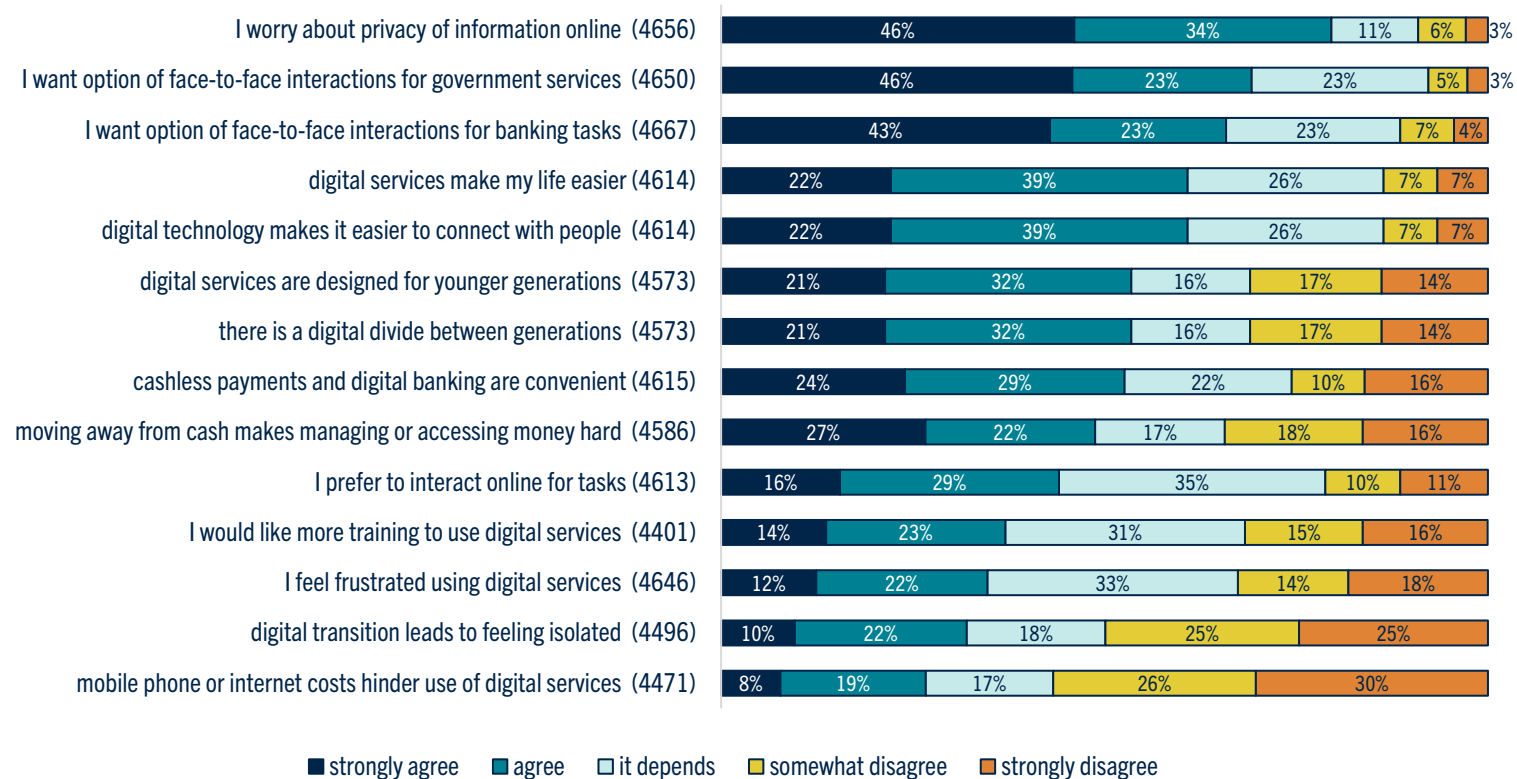


Figure 16. Agreement with statements about engaging with digital technology.

7.4 Age differences in digital engagement

Generally, older generations have not spent the same proportion of their lives conducting activities online compared to younger age groups. For this reason, there are usually age group differences in people’s digital abilities and preferences.

For each of the digital engagement sets of questions, we examined if results differed between those under aged 75 and those aged 75-plus.

For most digital tasks, there were small differences between the two age groups in self-rated ability, with slightly higher proportions of those under 75 identifying themselves as being excellent or good at all tasks. There was generally less than 10% difference between the two age categories except for shopping online, using self-service checkouts and using video or streaming services.

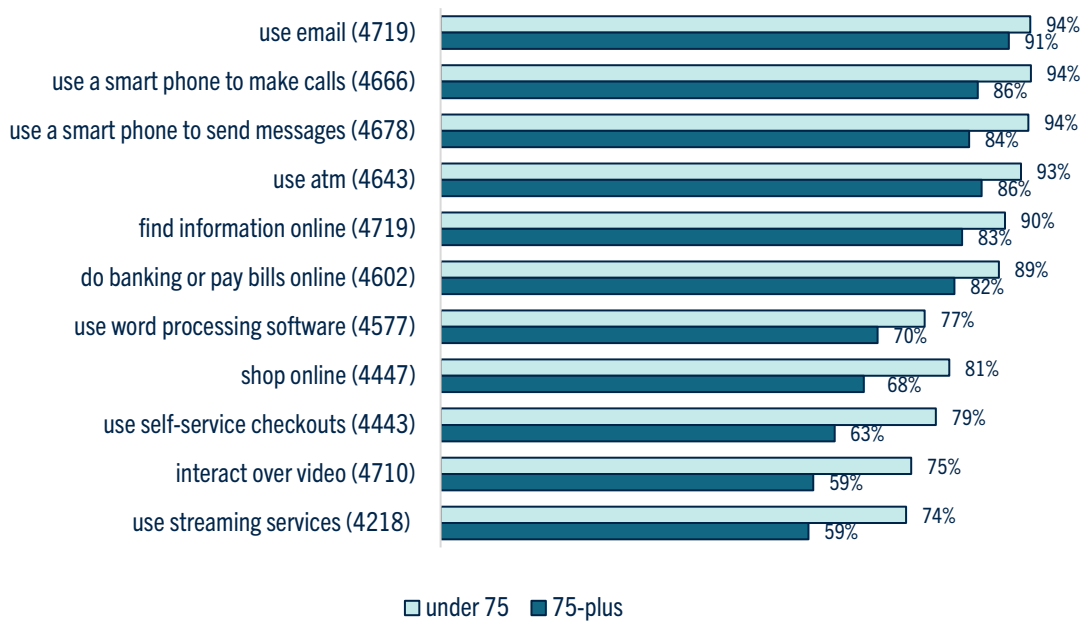


Figure 17. Age differences in self-rated ability as good or excellent for digital tasks. Unsure responses excluded.

Preferences for receiving information digitally or in hard copy followed a similar pattern of a 10% or less difference between the younger and older age groups in the proportion of people aged under 75 preferring digital versions of information over hard copies.

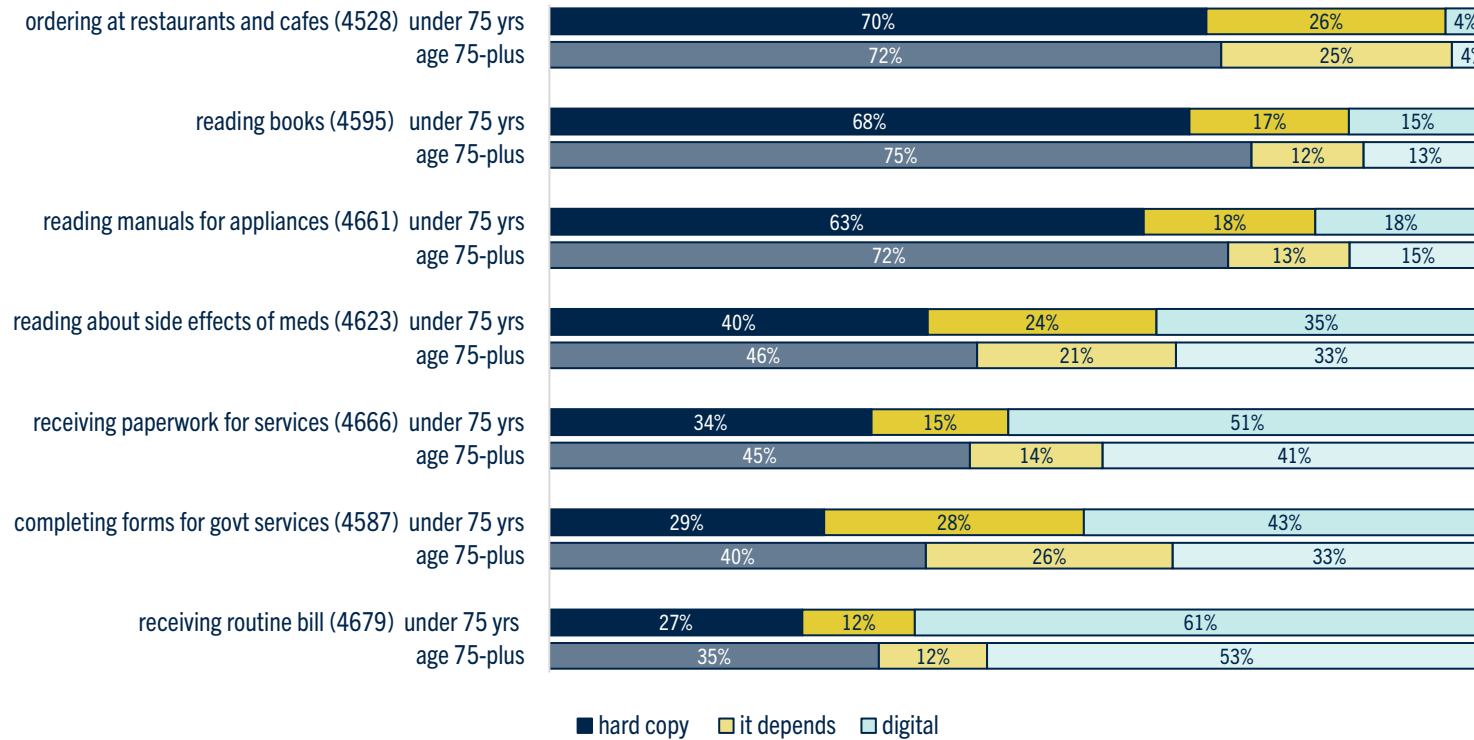


Figure 18. Age differences in preferences for receiving information. Unsure responses excluded.

QUALITATIVE QUESTION RESPONSES

The NSSS-25 included a number of optional comment-based questions. The approximate number of interpretable comments each question received is given below.

All numbers are rounded to the nearest 10. Note the numbers are estimates only because not all questions have been analysed yet and comment datasets usually contain a number of uninterpretable comments that will be excluded during analysis.

Quality in aged care service delivery module

General invitation to say more about quantitative answers:

- 670 comments

Support to age well module

Accessing allied health for self:

- 180 comments – ‘other’ means of paying
- 230 comments – reasons couldn’t access it more
- 190 comments – reasons couldn’t access it at all

Accessing allied health for another older person:

- 70 comments – ‘other’ means of paying
- 70 comments – reasons couldn’t access it more
- 80 comments – reasons couldn’t access it at all

Accessing household services:

- 150 comments – ‘other’ means of paying
- 150 comments – ‘other’ reason for seeking help
- 190 comments – reasons couldn’t access it more
- 250 comments – reasons couldn’t access it at all

Accessing remedial services and equipment:

- 90 comments – reasons couldn’t access services
- 80 comments – reasons couldn’t access equipment

Accessing housing and accommodation adaptations:

- 220 comments – reasons don’t have this

Advice for people in their 40s re planning for a dependent stage of later life:

- 2970 comments

Impact of experience as primary carer on later life planning:

- 780 comments

Digital engagement module

- 20 comments – ‘other’ devices used to access internet
- 1210 comments – experiences of online fraud or scam
- 2070 comments – how digital abilities have changed over time
- 1380 comments – elaboration on preferences for hard copy or digital
- 3690 comments – benefits of digital service delivery, as an individual
- 3800 comments – drawbacks of digital service delivery, as an individual

1300 76 50 50 nationalseniors.com.au

