

2 Indicators of Australia's welfare

2.1 Introduction

This chapter provides broad summary indicators of the welfare of Australia's population. This information gives a context for the following chapters that focus on specific aspects of welfare service provision. The chapter advances initial work presented in *Australia's Welfare 2001*, and will be a regular feature of the biennial report.

The chapter first introduces the conceptual framework for the indicators, then proceeds to describe its elements in turn and to present relevant, succinct data in each area of the framework. The focus is on assembling indicators and data from authoritative Australian literature and statistical publications.

Conceptual framework

An overall conceptual framework for welfare information is depicted in Figure 2.1. 'Welfare' is placed at the top of the diagram and may be considered as a concept, a goal, or a vision of individual and societal wellbeing. In practice, it proves hard to define in specific and universally agreed terms. In certain contexts or policy areas, it may nevertheless be quite feasible to agree on definitions and operational goals. The three boxes in the diagram represent more concrete and measurable aspects of welfare and the 'welfare system' in human society (see also AIHW 2001a:371-84).

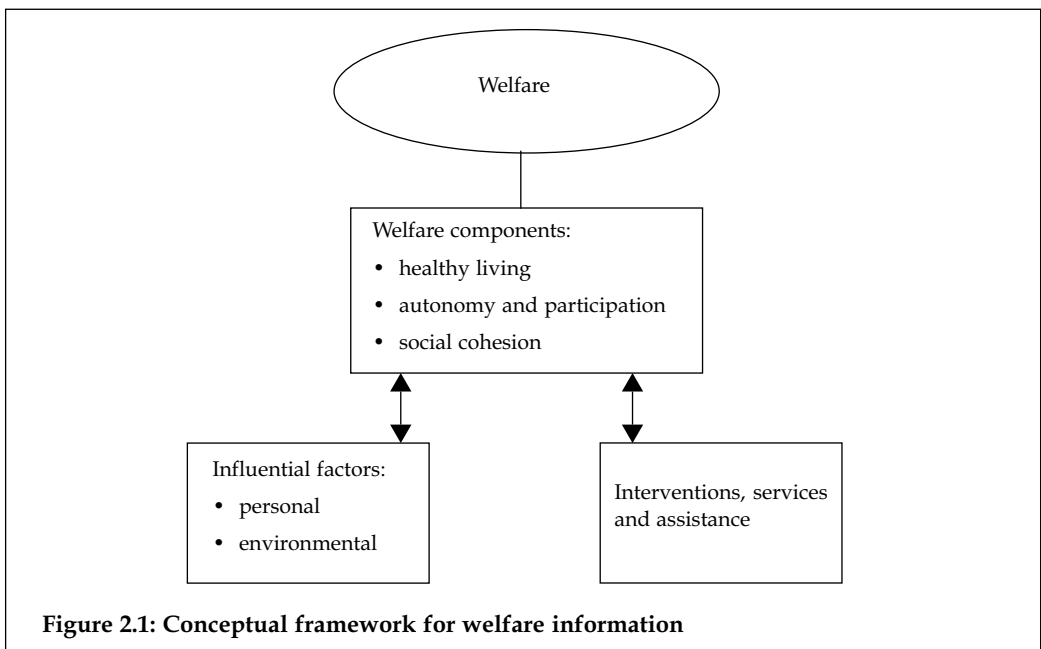


Figure 2.1: Conceptual framework for welfare information

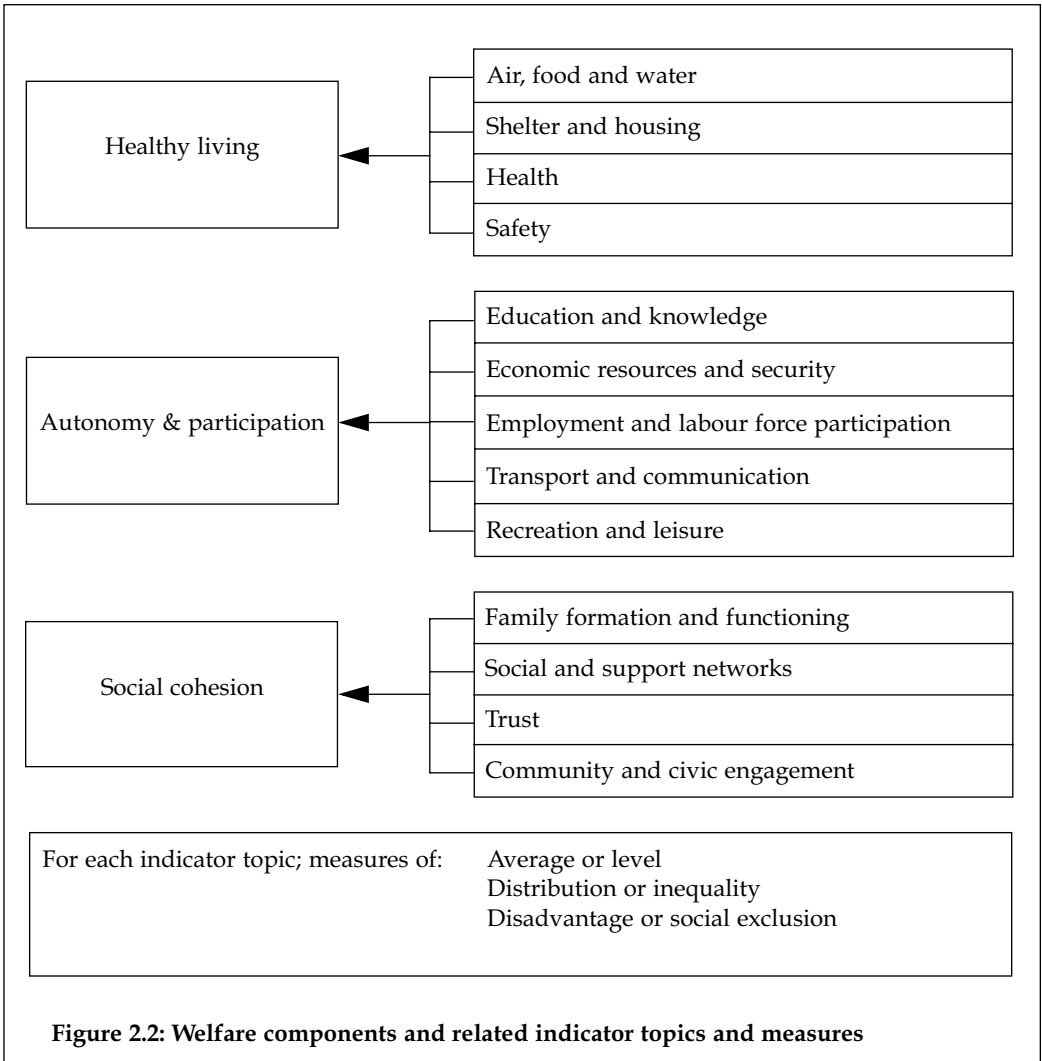
The 'welfare components' reflect the welfare of Australian society and in particular, in the context of this chapter, the measurable aspects of welfare status. The 'interventions' represent the whole system of formal services, financial assistance and unpaid assistance that contributes to human welfare. The 'influential factors' encapsulate features of the physical and social environment, or of individual people, that are considered to have important additional influences on wellbeing (AIHW 2001a:382).

This chapter focuses principally on the welfare components and measures of their status, so as to provide contextual information for the other chapters in this volume that focus on some of the 'interventions' or responses of the Australian system. The three main components of welfare, as it is defined here, are: healthy living; autonomy and participation; and social cohesion. Figure 2.2 sets out 13 indicator topics that relate to these major components. The welfare components and related topics are specified on the basis that they are generally accepted to be crucial to human welfare and also might feasibly be the subject of data definition and collection.

These frameworks (Figures 2.1 and 2.2) were developed in *Australia's Welfare 2001*, based on a review of national and international frameworks and indicator sets (see AIHW 2001a, 2003a). While different models and frameworks for measuring human welfare rely ultimately on elements of judgment, they frequently contain common themes and elements. The frameworks presented here were derived to capture this common agreement, to underpin the development of a set of practical and relevant statistical indicators.

The welfare components in the figures are thus the embodiments of the welfare concept and reflect what is considered purposeful and possible to attempt to measure, within the context of this report:

- 'Healthy living' is a major component of welfare because, at the most basic level, health and the sustenance of life itself are prerequisites for many other aspects of welfare. Basic needs, such as food, water, shelter and safety from harm, are essential ingredients in the maintenance of life and health.
- 'Autonomy and participation' reflect the fact that people value the freedom and capability to act as autonomous beings, and also to participate in society. Acquiring education and knowledge is fundamental to achieving autonomy and the capacity to contribute to the wider society. Participation in the workforce is the chief means of acquiring economic resources, which are facilitators of autonomy and the medium for acquiring the necessities and many pleasures of life. Transport and communication are key enablers and indicators of participation. Recreation and leisure are recognised as key contributors to human wellbeing; this area, like the others, involves a duality of autonomous choices and social participation.
- 'Social cohesion' represents a third main area of human welfare. A cohesive society is one that promotes wellbeing, via a large range of mutually supportive interactions, at the individual, group and social level. This is a relatively new area for statistical measurement but one whose importance is increasingly recognised.



The first component relates to basic needs and organic integrity. The second component relates to self-realisation and social belonging, as experienced by the individual. Third is the health and wellbeing of the social environment, in terms of the supports and interconnections as they affect people (AIHW 2001a; Allardt 1975).

The framework in Figure 2.2 depicts the interconnected, valued components of human welfare and needs that can be measured statistically. It does not assert a theoretical model of cause and effect, nor does it explicitly recognise the interconnectedness of many aspects of social advantage and disadvantage (for instance, education, income, health). While particular studies may seek to explore relations among the various elements (and name some as 'cause' and some as 'effect'), Figure 2.2 simply illustrates the nature and scope of a field of measurement. The predecessor of the figure (in AIHW 2001a) did not relate each indicator topic to just one major component, but left the interconnections non-specific, recognising that many of the indicator topics relate to

more than one of the three components; for example, recreation and leisure contribute to healthy living and may also contribute to social cohesion. The mapping used here is considered potentially more useful, as it may later enable summary statements to be made about the three components as well as the individual topics.

Constructing measures of the welfare components

The 13 indicator topics define the broad *subject areas* on which the indicators in this chapter focus, and three broad types of measures are suggested (Figure 2.2):

- measures of average or level (for instance, average incomes);
- measures of distribution or inequality (for instance, income distribution across age groups, population groups, or geographic regions); and
- measures of disadvantage or social exclusion (for instance, poverty and indicators of income-related disadvantage).

Combining these measurement concepts with the indicator topics in the figure synthesises the key ideas from the national and international literature, providing an overall framework for the content and the form of welfare indicators.

Indicators may be reported in many ways, including reporting against defined standards or agreed benchmarks. In contrast, the approach used for this chapter generally lends itself to more relative analyses—over time, or among different population groups.

Choice of indicators

Checklists of the desirable qualities of indicators, and caveats on their use, are common adjuncts to sets of statistical indicators. A list of criteria relevant to the indicators of welfare presented in this chapter is given in Table 2.1. While these criteria may not be met for every indicator, they provide guidance in selecting indicators and in understanding any limitations in interpretation.

Table 2.1: Criteria for indicators of welfare

Criterion	Definition
Valid	The indicator measures the phenomenon it claims to measure—it relates closely to the phenomenon or to an essential aspect/element of the phenomenon.
Relevant	Reflecting important social issues.
Applicable across population groups	The indicator is meaningful for the general population and for the sub-population groups to which the topic is relevant.
Reliable	The indicator is not likely to be influenced by variation in definitions or data collection methods in such a way that comparability over time or between sub-populations is compromised.
Sensitive	When there is a significant change in the phenomenon of interest this will be reflected in a significant change in the indicator.
Robust	A change in the indicator can be clearly interpreted to reflect a corresponding change in the phenomenon; the indicator is not liable to unpredictable or inexplicable fluctuations.
Readily understood	The meaning and intent of the indicator is clear; accompanied by appropriate explanation/guidance, it can be readily understood by a general audience.
Supported by data that are currently available and/or feasible to collect	Consistent time series data are available, or could feasibly be collected to support the indicator, such that the data can reasonably be compared over time to show trends in the phenomenon.

A pragmatic guide to the choice of indicators and specific data has been the availability of authoritative national data, suggesting relevance and reliability. Where such data are not available, the gap is noted.

Chapter outline

This chapter:

- defines indicators within each indicator topic;
- presents the most relevant available data for each indicator, including reference to relevant data elsewhere in this report;
- presents data on distribution across population groups, particularly as defined on the basis of age, sex and Indigenous status; and
- presents some measures of disadvantage or social exclusion.

There are few data on trends in this current report chapter. The material presented here represents a work in progress—it builds on the conceptual work presented in *Australia's Welfare 2001*, and provides a set of indicators that can be used for trend analysis in subsequent editions of this publication.

2.2 Healthy living

This first component of welfare is focused around the basic needs for shelter, food and water, a clean environment, and safety from harm, which are all fundamental to human health.

Overall, the health of the Australian population is good. Based on key indicators such as life expectancy, Australia compares very well internationally. Australians have seen substantial improvements in many aspects of health, over the past century and in more recent time frames.

As a population, our health is supported by generally high levels of nutrition, ready access to good quality water, and low levels of air pollution. Most Australians are adequately housed and the majority of us feel relatively safe in our communities. However, while the overall picture is positive, there are areas of concern. For instance, rates of obesity are high and rising, and many people consume less than the recommended amounts of fresh fruit and vegetables.

Certain population groups experience disadvantage across multiple areas. In particular, compared with other Australians, Indigenous Australians have much poorer health, higher rates of injury-related deaths, are less likely to own their own home and more likely to be homeless. Similar constellations of disadvantage are experienced by Australians of low socioeconomic status.

This section paints a picture of healthy living in Australia, showing its distribution among some key population groups, and where there are pockets of disadvantage.

Air, water and food

Air, water and food are an integral part of the 'healthy living' component of welfare. Ready access to nutritious and safe supplies of food and potable water is one of the basic requirements of human life, and, along with air quality, is fundamental to the current and future health of the individual. The indicators presented below—urban air quality, access to potable and palatable water, reported usual daily intake of fruit and vegetables (an indicator of food and nutrient intake), and prevalence of obesity (nutritional status)—represent key issues in the monitoring of air and water quality, and nutrition, in Australia.

Urban air quality

Australian cities generally have better air quality than most other cities worldwide (Manins et al. 2001). Nonetheless, some urban areas are susceptible to potentially dangerous levels of air pollutants, which can have serious impacts on population health and mortality (EPAV 2000; Lewis et al. 1998; Morgan 2000; Simpson et al. 1997, 2000).

Two air pollutants particularly harmful to human health are particles (as PM10) and ozone. Particles emanate directly from motor vehicle emissions and domestic fuel use. Ozone is a secondary pollutant, formed in part by emissions from motor vehicles, domestic and commercial heating, and industrial activities. Particles (as PM10) and ozone are measured in terms of the number of days per year when the average concentration exceeds the Air NEPM (National Environment Protection Measure) standard level (NEPC 1998).

Table 2.2: Number of days per year when concentrations of PM10 and ozone exceeded the Air NEPM standard level in selected cities, 1990–99

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number of days when concentration of PM10 exceeded 50 µg/m³ (over 24 hours)^(a)										
Sydney	1	12	5	3	12	6	2	2	1	1
Melbourne	n.a.	n.a.	n.a.	5	2	1	1	1	5	1
Brisbane	3	6	1	6	16	1	6	1	1	1
Perth	n.a.	n.a.	n.a.	n.a.	7	3	1	1	3	1
Adelaide	5	6	4	5	6	3	1	1	6	6
Number of days when concentration of ozone exceeded 0.10 ppm (over one hour)^(b)										
Sydney	5	4	7	8	13	0	1	14	13	n.a.
Melbourne	7	2	1	8	3	2	1	6	1	1
Brisbane	0	2	1	1	1	1	5	3	1	1
Perth	0	2	2	2	2	0	4	2	2	2
Adelaide	0	0	0	0	0	0	0	0	0	0

(a) The maximum allowable is 5 days per year, to be achieved by 2008.

(b) The maximum allowable is 1 day per year, to be achieved by 2008.

Source: Manins et al. 2001.

The annual number of days in which the concentration of particles as PM10 exceeded the NEPM standard level of 50 µg/m³ fluctuated over the period 1990–99, with most major capital cities reporting a downward trend towards the end of the decade (Table 2.2). The one exception was Adelaide, although the 1998 and 1999 results were most likely the result of anomalous increased fuel burns, possibly from bushfire activity. All major capital cities experienced at least one year when PM10 concentrations of greater than 50 µg/m³ were recorded on 5 or more days.

Ozone concentrations exceeding 0.10ppm per hour were much more frequent in Sydney between 1990–99 than in any of the other major capital cities. No obvious trend of increase or decrease in ozone pollution occurred for Sydney or Melbourne during this period.

Access to potable water

Water is a critical resource in a country as dry and climatically variable as Australia. While immense amounts of water are used for agriculture and industry, the concentration of Australia's population in cities and towns also demands large supplies of potable water. In rural and remote areas, where water is more scarce and its quality more variable, the issue is at least as important. Access to potable water, or water 'safe to use and aesthetically pleasing...with no unpalatable taste or odour...and no suspended matter, harmful chemical substances or pathogenic micro-organisms' (NHMRC & ARMCANZ 1996) is therefore an important issue in Australia.

A survey of water supply to Indigenous communities in 1999 found that water in 58 of the 169 communities tested, with a combined population of 25,322 people, failed water quality testing in the 12 months prior to the survey (ABS 2000a).

No national data, however, are currently available on actual access to potable water.¹

Reported usual daily intake of fruit and vegetables

Fruit and vegetable consumption is a key indicator of a healthy diet. Recent evidence has suggested that regular intake provides significant protection from cardiovascular diseases, Type 2 diabetes, some cancers, and eye diseases such as cataract and macular degeneration (see Dreosti 2003 for a review). Furthermore, the consumption of less than five serves of fruit and vegetables a day was estimated to contribute to 2.7% of the total disease burden in Australia in 1996 (AIHW: Mathers et al. 1999). Intake for the average Australian, however, is still generally not substantial enough to maintain optimal health (SIGNAL 2001). To optimise the nutritional health of Australians, it has been recommended that Australians consume two serves of fruit and five serves of vegetables daily. These recommendations were recently endorsed in the updated *Dietary Guidelines for Australian Adults* (NHMRC 2003) and are included as indicators of 'Health behaviour' in the National Health Performance Committee framework (NHPC 2002).

1 *Measuring Australia's Progress* assesses water quality in Australia in terms of water management practices (i.e. proportion of water used exceeding 70% of sustainable limits), rather than fitness for human consumption (ABS 2002a).

Table 2.3: Reported usual daily intake of fruit and vegetables, by age, 2001 (per cent)

Age group	Self-reported usual daily intake					
	2 or more serves of fruit a day			4–5 or more serves of vegetables a day		
	Males	Females	Persons	Males	Females	Persons
12–14	56.7	54.8	55.7	22.2	24.2	23.2
15–24	42.1	50.6	46.2	21.1	23.2	22.2
25–34	40.0	50.6	45.3	21.8	27.6	24.8
35–44	43.1	53.3	48.3	24.7	33.3	29.0
45–54	46.6	60.8	53.8	29.6	36.8	33.2
55–64	53.1	70.7	61.8	32.0	42.7	37.3
65–74	60.4	69.1	64.9	34.5	40.0	36.8
75+	83.1	68.4	65.7	36.1	38.6	37.6
Total	47.1	58.1	52.7	26.4	32.8	29.7

Source: ABS 2002b.

Overall, 53% of people aged 12 years and over reported in 2001 eating at least two serves of fruit a day (Table 2.3). More females met the recommended daily intake than males, although males aged 12–14 and, in particular, 75+ years were more likely than females of the same age to eat at least two serves of fruit. Usual daily fruit intake generally increased with age, but proportionally more teenagers under 14 years than people aged 15–54 years ate two or more serves of fruit.

Around 30% of Australians aged 12 years and over reported their usual daily intake of vegetables as being four to five or more serves.² As age rose, so too did the proportion of the population who reported usually consuming the recommended daily intake, from around 22% for those aged 15–24, increasing to more than 33% in the over-45s. Females, on the whole and for each age group, were more likely than males to report a usual daily intake of at least four to five serves of vegetables.

Prevalence of obesity

Healthy weight is recognised as a key health indicator, prompted by the rapid rise in the prevalence of overweight and obesity among Australians, and the general epidemic occurring in most developed countries (AIHW 2001b, 2002; WHO 2000). Obesity ranks alongside smoking as the most important preventable cause of ill-health in Australia and is associated with poor psychosocial functioning and mental wellbeing (SIGNAL 2001; Karlsson et al. 2003). While a range of causes, including inherited characteristics, psychological factors, and lifestyle, contributes to a person becoming overweight or obese, healthy eating is seen as playing an important role in its prevention and management. Obesity is, then, an indicator of ‘disadvantage’ when considering nutritional status.

2 Data in the National Health Survey are presented as four to five serves and cannot be broken down further.

Table 2.4: Rates of obesity in Australian adults,^{(a)(b)} by sex and age, 2001 (per cent)

	Age group							Total
	18–24	25–34	35–44	45–54	55–64	65–74	74+	
Males	8.0	12.0	17.9	18.9	17.8	14.6	8.9	14.7
Females	7.1	13.5	9.3	19.0	21.8	20.1	10.5	15.4
Persons	7.6	12.8	16.1	19.0	19.7	17.4	9.9	15.1

(a) Data based on BMI (body mass index) derived from self-reported height and weight measurements. BMI is calculated as Weight (kg)/Height²(m). Obesity is measured as >30 BMI according to NHMRC recommendations.

(b) Data are age-standardised against Australian population estimates as at 2001.

Source: ABS 2002b.

In 2001, the prevalence of obesity among Australians aged 18 years and over was 15% (Table 2.4) and ranged from 8% in 18–24 year olds to 20% in 55–64 year olds.³ Males and females generally had similar prevalence rates, but there was some variation in specific age groups. For example, men aged 35–44 years had a higher prevalence rate of obesity (18%) than females in the same age group (9%), while in the 65–74 age group females had a higher rate (20%) than males (15%). Obesity rates higher than the national average were found among men aged 35–64 years and women aged between 45–74 years. Obesity is also becoming a considerable problem for Australia’s children. In 1985, its prevalence among 7–15 year olds was 1.4% for boys and 1.2% for girls; by 1995, this had risen to 4.7% of boys and 5.5% of girls (Magarey et al. 2001).⁴

Shelter and housing

Shelter is recognised as a basic human need. Housing satisfies people’s need not only for shelter but also for security and privacy. Homes can be places where people build and maintain relationships with friends and family, and pursue recreational activities. Having a fixed place of residence also provides an important base for engaging in more formal interactions, such as getting a job, joining a club, or accessing certain government benefits (ABS 2001a). Housing is also an important determinant of health (see Section 5.2).

Here housing tenure, housing affordability, and homelessness are used as indicators of some key aspects of the housing circumstances of Australians. However, it should be noted that housing adequacy (quality, condition and size of dwelling) and accessibility are also of great importance from a welfare perspective. Poor quality and condition of dwellings and inadequate supply of housing are particularly significant issues in some Indigenous communities (ABS 2000b).

3 These data are based on self-reported height and weight measurements and are therefore potentially underestimates of the level of obesity. Previous assessment of this methodology against estimates based on actual measurements indicated that people tend to overestimate their height and underestimate their weight (ABS 1997).

4 Data for the 1985 and 1995 prevalence estimates came from the 1985 Australian Health and Fitness Survey and National Nutrition Survey, respectively. (See Magarey et al. 2001 for methodology.)

Table 2.5: Tenure type and composition of households, 2000–01

	Owner without a mortgage	Owner with a mortgage	Public renter^(a)	Private renter	Total^(b)
Number ('000)	2,797	2,351	363	1,536	7,315
Per cent	38.2	32.1	5.0	21.0	100.0
Household composition—per cent of each tenure type					
Couple only	34.5	20.9	9.3	15.5	24.3
Couple with dependent children only	12.5	41.5	11.2	17.1	22.8
Other couple, one family households	15.0	12.6	*5.4	5.2	11.3
One parent with dependent children	2.7	6.1	23.7	14.3	7.4
Other family households	5.8	4.0	8.8	6.6	5.5
Lone person	28.4	12.1	39.6	30.3	24.6
Group households	1.2	2.8	*2.1	11.0	4.0
Total	100.0	100.0	100.0	100.0	100.0

(a) Renting from a state or territory housing authority.

(b) Includes other renters and other tenure type.

Source: ABS 2003a.

Housing tenure

Home ownership is an aspiration for many Australians, and is a policy goal that has long been pursued by Australian governments. Australia has high levels of home ownership by international standards (ABS 2001b).

In 2000–01, 70% of households owned their home, with (32%) or without (38%) a mortgage (Table 2.5). Couple only and lone person households accounted for 35% and 28%, respectively, of households that owned their home outright. Couples with dependent children accounted for 42% of households with a mortgage. Lone person households were the dominant group in both public renter (40%) and private renter (30%) households.

These differences partly reflect age effects—for instance, a large proportion of couple only households are likely to be older couples, and home ownership rates increase with age. Lone persons owning a home are often older people whose partners have died.

Data from the 2001 Census show that, compared with non-Indigenous households, a much smaller proportion of Indigenous households owned or were buying their home (32%, compared with 71% for non-Indigenous households), and a much larger proportion were renting (61%, compared with 25%) (see Table 5.2). A similar pattern was found for people with disabilities in 1998. Only 35% of people with disabilities owned or were buying a house (see Table 5.5 in AIHW 1999), while 53% were renting. Around 39% of all people with disabilities were living in public housing in 1998.

Security of tenure is one of the main benefits of home ownership. Other tenure types, such as good private rental arrangements and social housing, can also provide households with security of tenure and a sense of physical and psychological security (see Section 5.2 for definition of terms and further discussion). Many Indigenous people

living in remote communities share land ownership and live in properties administered by Indigenous housing organisations; such arrangements can provide security of tenure and other benefits associated with home ownership (ABS 2003b).

Housing affordability

Affordability measures housing costs relative to a household's ability to meet those costs. While there is no single agreed measure of housing affordability, it is generally accepted that affordability measures should use cut-off points to identify 'low income households', and only low-income households should be considered at risk of having unaffordable housing (AIHW: Karmel 1998). Here we present data for a commonly used measure of housing affordability—households in the lowest two income quintiles that spend more than 30% of their income on housing costs (Affordable Housing National Research Consortium 2001). Data on households in these quintiles that spend more than 50% of their income on housing costs provide an indication of more severe affordability problems.

Based on these measures, in 1999, 10% of all households were experiencing housing affordability problems, and 4% were experiencing severe housing affordability problems (Table 2.6). Private renter households were most likely to have affordability problems—28% had affordability problems and 10% had severe affordability problems.

Real housing costs in Australia increased by 17 per cent over the period 1988 to 1999. More detailed information on affordability and housing costs is provided in Section 5.2.

Table 2.6: Households in the two lowest gross weekly income quintiles: households that spent more than 30% and more than 50% of their gross income on housing costs,^(a) by tenure type, 1999

Tenure type	More than 30%		More than 50%	
	Number ('000)	Per cent ^(b)	Number ('000)	Per cent ^(b)
Owner without a mortgage	102.9	3.7	45.5	1.6
Owner with a mortgage	183.7	8.1	80.1	3.6
Renter—State/Territory housing authority ^(c)	28.3	7.7	*6.0	1.6
Renter—private landlord	404.9	27.7	152.5	10.4
All tenure types^(d)	742.8	10.3	289.8	4.0

(a) Housing costs include secured/unsecured mortgage or loan repayments (principal and interest) where the purpose of the loan is to buy or build, add to or alter the dwelling; rental payments; water and general council rates; land tax rates; body corporate or strata title payments; and expenditure on repairs and maintenance for the dwelling.

(b) Per cent of all households.

(c) These ABS data for public renter households differ from administrative data. Administrative data show that 99% of rebated public renter households were paying 25% or less of their assessable income in housing costs in 2001. It is policy in most jurisdictions that rebated public renter households should not pay over 25% of their assessable income in housing costs—see Section 5.3.

(d) Includes other renters.

Source: ABS 2000c:34.

Table 2.7: The whereabouts of homeless people on Census night 1996

	Number	Per cent
Boarding house	23,299	22
SAAP accommodation ^(a)	12,926	12
Friends/relatives	48,500	46
No conventional accommodation ^(b)	20,579	20
Total number	105,300	100

(a) Provided under the Supported Accommodation Assistance Program.

(b) Includes improvised dwellings and sleepers out.

Source: Chamberlain 1999.

Homelessness

The rate of homelessness within a society can be viewed as an indicator of housing deprivation. Inadequate supply of affordable housing is one important cause of homelessness. People’s reasons for being homeless can also include domestic violence, relationship or family breakdown, substance abuse, and discrimination (AIHW 2001a). Therefore, homelessness may also be viewed as an indicator of poor social cohesion.

Defining homelessness and counting homeless people is challenging. Concepts of homelessness used in Australia tend to be based on western cultural constructs, and may not be appropriate to certain groups within Australian society (e.g. Indigenous people – see Chapter 9, and Commonwealth Advisory Committee on Homelessness 2001).

Across Australia, an estimated 105,300 people were homeless on Census night 1996 (Table 2.7). Of these, nearly half were staying with friends or relatives. Between 60% and 70% reported that they had been homeless for 6 months or more.

It is important to recognise that there is a temporal dimension to homelessness, with experiences ranging from brief, one-off episodes to long-term transience. Therefore, point-in-time estimates cannot fully capture the extent of homelessness.

Health

The World Health Organization defines health very broadly, as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (WHO 1946). Here we take a somewhat narrower view of health, as one subcomponent of welfare, acknowledging the important links between health and other aspects of welfare. Health can affect participation in many aspects of life, such as education, employment and recreation. Mental health, in particular, may have major impacts on a person’s social and support networks, and relationships with family and friends (see, for example, Goldberg et al. 2003).

In this section we present indicators of health status. Several of these are consistent with indicators reported for the ‘health status and outcomes’ tier of the National Health Performance Framework (NHPC 2002). The other two tiers in that framework are ‘determinants of health’ and ‘health system performance’. Some indicators of important determinants of health are presented in other sections of this chapter – notably obesity (in ‘Air, water and food’, above) and participation in physical activity (see ‘Recreation and leisure’ in Section 2.3) – and data on injury mortality are discussed under ‘Safety’, below.

Life expectancy

Life expectancy is the average number of additional years a person of a given age and sex might expect to live if the age-specific death rates of the given period continued throughout his/her remaining lifetime. It is one of the most common and well-established measures of health.

Life expectancies at birth in Australia are among the highest in the world and have increased significantly over the past 100 years, by almost 30 years for males and 23 years for females (AIHW 2002; OECD 2001a). The main contributors to this increase have been better nutrition and living conditions, widespread immunisation and improved medical treatment, and, more recently, an understanding of the effects of lifestyle and socioeconomic factors on health (AIHW 2000:340).

Females have higher life expectancies than males, at birth and at age 65 (Table 2.8); this is so for both the Indigenous population and the total population. The Indigenous population has substantially lower life expectancy than the total Australian population. This difference is related to much higher death rates, for both males and females, across all age groups (ABS & AIHW 2003:185).

Life expectancy also varies with socioeconomic status—people in more disadvantaged groups tend to have shorter life expectancies. Compared with life expectancies for people in the lowest quintile, life expectancy at birth is nearly 4 years longer for males in the highest quintile, and 2 years longer for females (Table 2.9).

Table 2.8: Life expectancy, by Indigenous status, 1999–2001 (years)

	Life expectancy at birth		Life expectancy at age 65	
	Males	Females	Males	Females
Indigenous Australians ^(a)	56.3	62.8	8.0	9.9
All Australians	77.0	82.4	17.2	20.7

(a) Data on life expectancy for Indigenous Australians are based on experimental life tables that include large adjustments for under-coverage of Indigenous deaths and exclude data for Tasmania and the Australian Capital Territory. These figures have a high level of uncertainty associated with them and should therefore be treated with caution.

Source: ABS 2002c:36, 88.

Table 2.9: Life expectancy at birth, by quintile of socioeconomic disadvantage,^(a) 1995–97 (years)

	Quintile of socioeconomic disadvantage				
	Lowest	Second	Third	Fourth	Highest
Males	74.1	75.2	75.3	76.0	77.8
Females	80.5	81.2	81.2	81.5	82.4

(a) The measure of socioeconomic status used here—the Index of Relative Socioeconomic Disadvantage—categorises Statistical Local Areas based on a range of attributes including levels of income, educational attainment, and unemployment. People are classified according to the average socioeconomic disadvantage of their area of usual residence.

Source: AIHW: Mathers et al. 1999:39.

Table 2.10: Average infant mortality, by Indigenous status, 1999–2001

	Total deaths	Rate per 1,000 live births
Indigenous Australians	296	14.2
Other Australians	1,236	4.8

Notes: This total excludes 27 infants for whom Indigenous status was unknown or missing. Numbers include total deaths for the 3-year period.

Source: AIHW Mortality Database.

Infant mortality

Infant mortality is the number of deaths of children under 1 year of age in a calendar year per 1,000 live births in the same calendar year.

Overall, infant mortality in Australia has declined significantly during the 20th century, from 103 infant deaths per 1,000 live births in 1900, to 5.3 per 1,000 in 2001 (5.9 for males, 4.6 for females) (ABS 2002c:27, 36). However, Australia's infant mortality rate is relatively high compared with other industrialised countries, ranking nineteenth among OECD countries in 1999 – Iceland had the lowest rate, with 2.4 infant deaths per 1,000 live births (OECD 2001a:17).

High death rates among Aboriginal and Torres Strait Islander infants contribute to Australia's relatively high overall infant mortality rate. For the period 1999–2001, the average rate for Indigenous infants was three times the rate for other Australian infants (14.2 infant deaths per 1,000 live births, compared with 4.8 for other Australians) (Table 2.10).

Years of life lived with disability

Indicators of functioning and disability are now widely recognised as a key component of national health status measurement (AIHW 2001a:391–2; NHPC 2002:18). Years of life lived with disability provides an estimate of the average number of years, at birth, that a person can expect to spend with different levels of disability.

Table 2.11: Expected years of life with disability and with severe core activity limitation, 1998

	Males		Females	
	Number of years	% of total life expectancy	Number of years	% of total life expectancy
Expected years of life:				
With disability (all severity levels) ^(a)	18.4	24	18.2	22
With severe core activity limitation ^(b)	5.2	7	7.6	9
Free of disability	57.5	76	63.3	78
Total life expectancy at birth (1998)	75.9	100	81.5	100

(a) Disability is defined as the presence of one or more of 17 limitations, restrictions or impairments that had lasted, or were likely to last, for at least 6 months, and which restricted everyday activities (see also Chapter 8).

(b) Severe or profound core activity limitation is a subset of all disability and is defined as sometimes or always needing personal assistance or supervision with a core activity (self-care, mobility or verbal communication).

Source: AIHW: de Looper & Bhatia 2001:21.

Based on 1998 data, both women and men in Australia can expect, on average, to experience 18 years lived with disability—that is, 22% of total life expectancy for women and 24% for men (Table 2.11). Of those 18 years, the expected years of life lived with severe or profound core activity limitation was eight for women (9% of total life expectancy) and five for men (7% of total life expectancy) (see Table 2.11 footnotes for definitions).

Mental health

Mental health is one of the seven National Health Priority Areas—areas known to contribute significantly to the burden of disease in Australia and identified for special policy focus. While mental disorders are not a major direct cause of death, they are an important cause of long-term disability (AIHW: Mathers et al. 1999). Mental health disorders can affect a person’s ability to carry out their usual activities and responsibilities at home and at work (Andrews et al. 1999), and can be associated with episodes of homelessness (see Chapter 9). Drug and alcohol disorders commonly coexist with other mental disorders.

The indicator presented here is based on self-reported psychological distress. The data were collected in the 2001 National Health Survey using the Kessler 10 Scale (K10), which asked survey respondents about negative emotional states (particularly related to anxiety and depression) experienced during the 4 weeks prior to the survey (ABS 2002b, 2003c).

In 2001, an estimated 508,700 people, or 3.6% of the adult population, experienced ‘very high’ levels of psychological distress—2.7% of men and 4.4% of women (Table 2.12). A very high level of psychological distress, as measured using the K10, may indicate a need for professional help. The highest rates for females were recorded in the 18–24 and 45–54 age groups, and for males in the 45–64 age group. Other survey data have also shown that a variety of mental health problems are relatively common among children and adolescents (Sawyer et al. 2000).

The overall prevalence of very high level psychological distress of 3.6% in 2001 was an increase from 2.2% in 1997 (1.9% for males and 2.4% for females). A range of factors may have contributed to this rise, including increased prevalence of psychological distress, changes in survey methods, heightened awareness of the symptoms of psychological distress, and/or improved identification and treatment of associated conditions.

Table 2.12: Number and proportion of the adult population reporting very high levels of psychological distress, by age and sex, 2001

Age	Males		Females		Persons	
	Number ('000)	Per cent	Number ('000)	Per cent	Number ('000)	Per cent
18–24	24.9	2.7	46.9	5.4	71.7	4.0
25–34	29.2	2.1	65.2	4.6	94.4	3.4
35–44	35.5	2.5	62.5	4.2	98.0	3.4
45–54	47.7	3.7	73.1	5.5	120.8	4.6
55–64	32.3	3.6	31.9	3.6	64.2	3.6
65–74	*12.0	*1.9	22.7	3.4	34.7	2.7
75 and over	*7.5	*1.9	17.3	3.0	24.8	2.5
All ages	189.1	2.7	319.5	4.4	508.7	3.6

Source: ABS 2002b.

Safety

Safety—actual and perceived—is an important aspect of individual and community wellbeing, affecting both physical and mental health. Safety indicators are frequently expressed in national and international indicator sets as ‘negatives’—crime and injury, for instance—that is, effectively as statistics on system breakdown. The effects of these negative events are experienced not only by the victims of crime or of accidental injury, but also by those working to rescue and treat the victims, apprehend perpetrators of crime, or ameliorate the effects of traumatic injury. There are, accordingly, human, financial and economic costs to society. Less directly, individuals and society at large experience the effects in terms of perceptions of danger or, more positively, feelings of safety and security.

Feelings of safety

An estimated 80% of people in 2002 said that they felt safe or very safe at home alone during the day, and 69% felt this way after dark (ABS 2003d). Results varied with age, sex and location. Females were less likely to feel safe than were males, particularly after dark—61% of females felt safe or very safe at home alone after dark compared to 78% of males. People in capital cities felt less safe after dark (67% did so) than those in other areas (73%).

Crime

Data on crime vary with the source and process giving rise to the data. Household surveys provide a picture of crimes as experienced by people and households and, for some crimes, present a more complete picture than do data on crimes reported to the police.

Of the 7,479,200 households in Australia in April 2002, it is estimated that, in the 12 months prior to the survey (ABS 2003d):

- 4.7% were victims of at least one break-in to their home, garage or shed;
- 3.4% found signs of at least one attempted break-in; and
- 1.8% had at least one motor vehicle stolen.

Of the 15,215,100 people aged 15 years and over in April 2002, it was estimated that, in the 12 months prior to the same survey:

- 4.7% were victims of at least one assault;
- 0.6% were victims of at least one robbery; and
- 0.2% of people aged 18 years and over were victims of at least one sexual assault.

Australian data on crimes reported to the police, and the victims thereof, are compiled annually by the ABS and are used here as an important indication of the effects of serious crime on people in Australia. However, not all crimes committed are reported to the police and, to the extent that this is so, police data understate the complete picture.

Table 2.13: Victims of crime,^(a) by sex, age, and offence category,^(b) 2002 (rate per 100,000 persons)

Age	Murder		Driving causing death		Assault		Sexual assault		Robbery	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
0–9	1.0	0.3	0.2	np	144.1	93.6	86.7	194.0	4.4	0.5
10–14	np	np	0.6	0.5	714.9	479.7	90.1	461.7	126.8	19.4
15–19	2.4	0.6	3.4	1.5	1,793.0	1,330.3	64.1	499.1	526.6	120.7
20–24	3.2	2.0	4.0	0.9	1,934.8	1,418.1	30.7	209.6	336.9	119.9
25–34	2.7	2.3	1.3	0.6	1,651.4	1,160.8	19.6	124.0	153.3	65.3
35–44	2.8	1.6	1.1	0.3	1,064.9	764.9	13.9	65.0	82.3	49.2
45–54	1.9	1.2	1.0	0.5	655.4	400.9	4.9	27.5	61.6	42.0
55–64	1.3	1.0	0.3	np	352.7	169.3	2.8	11.1	39.6	34.4
65 and over	1.0	0.4	1.0	0.5	124.9	57.3	1.1	5.8	20.3	27.0
<i>Total^(c)</i>	<i>2.0</i>	<i>1.2</i>	<i>1.3</i>	<i>0.5</i>	<i>929.4</i>	<i>640.7</i>	<i>33.1</i>	<i>144.5</i>	<i>124.8</i>	<i>49.1</i>
Persons										
Persons, all ages ^(c)	1.6		1.0		809.7		90.6		88.9	
Total number ^(c)	318		204		159,548		17,850		17,517	

(a) Refers to individual person victims only and therefore does not include organisations as victims.

(b) The offence of manslaughter is not included due to small numbers.

(c) Includes victims for whom age and/or sex was not specified.

Source: ABS 2002d.

According to police records, assault was the crime affecting most individuals in 2002—159,548 people, or a rate of 809.7 victims per 100,000 population (Table 2.13). The age groups between 15 and 34 years were the most affected, for both males and females, but rates for males in all age groups were generally higher than for females. The male victim rate for murder (2.0 per 100,000) exceeded the female rate (1.2), and did so in every age group. Female victim rates exceeded male rates in the sexual assault category: 144.5 females per 100,000 were victims of sexual assault, compared to only 33.1 males per 100,000. As with crime generally, it was those in the younger age groups most affected; it is disturbing that the second highest rate for sexual assault was recorded for females in the 10–14 age range.

Comparison of the two data sources—crimes reported to the police and crime victimisation as reported in household surveys—provides an indication of the complexity of understanding crime data. Sexual assaults reported to the police may represent only a fraction of those actually occurring—perhaps 20% of ‘most recent incidents’ in 2002 (ABS 2002d). Assault victims reported 31% of incidents, while victims of property crime were much more likely to report it (95% for household victims of motor vehicle theft and 75% for household victims of break-in).

Trends in crime are not discussed in this publication (see ABS 2001c, 2003d, 2003e and AIC 2002).

Injury

'Injury and poisoning' is the leading cause of death for younger people—for males aged 1–44 years and females aged 1–24 years (AIHW 2002:36–7). Injury prevention is one of the National Health Priority Areas, in recognition of the significant personal costs of injury as well as the costs to the Australian health and economic system.

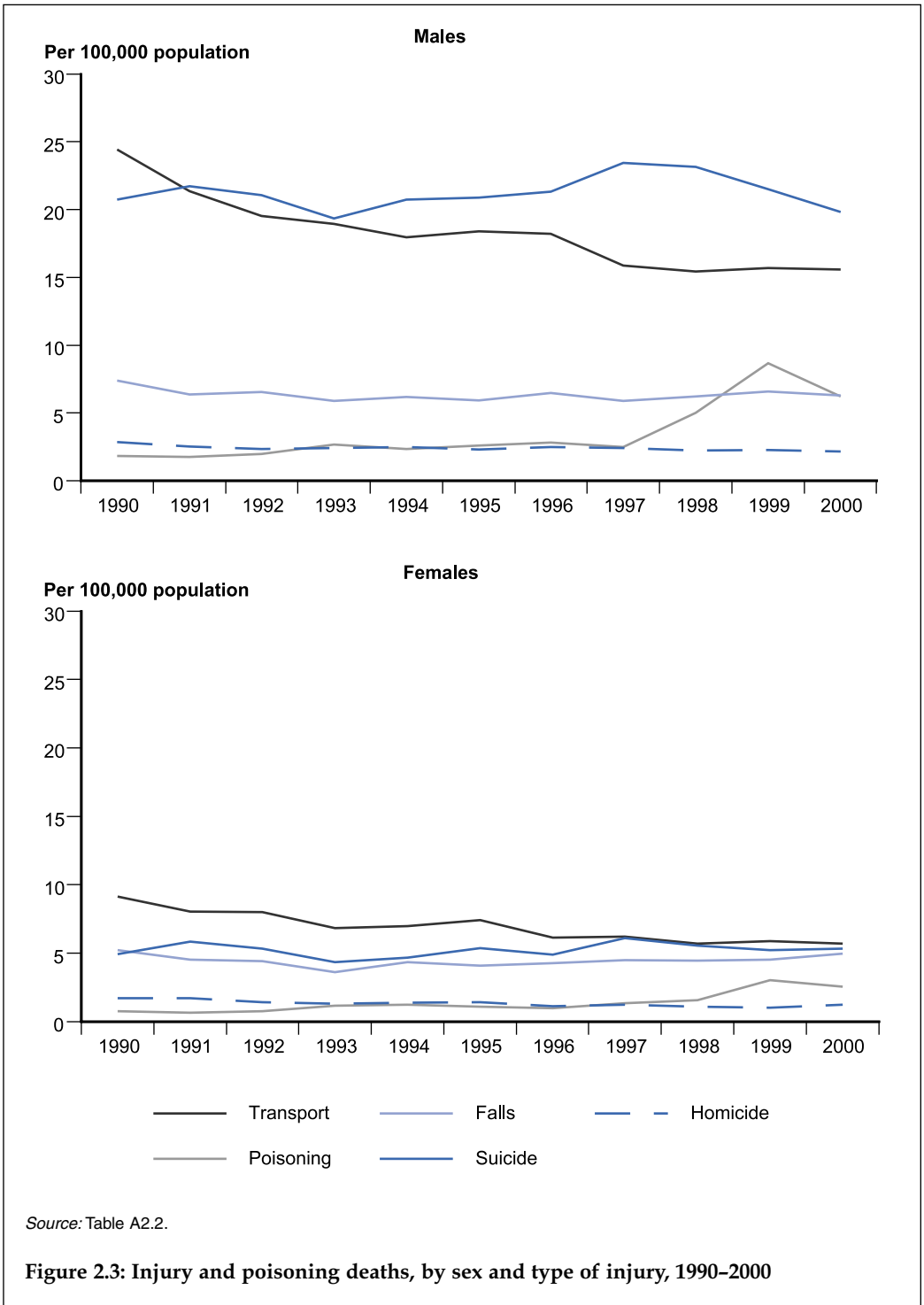
In 2000, there were 8,098 deaths in Australia attributed to injuries and poisoning, a rate of 42.3 per 100,000 population (see Table A2.1). Suicide and transport-related deaths were the most prevalent (12.4 and 10.5 per 100,000, respectively). Overall, the male death rate (58.0) was considerably higher than the female rate (26.8). Relatively high death rates were experienced by males in several categories: suicide (19.6, with higher rates in all age categories 20 years and over); falls among men aged 65 years and over (41.8); poisoning in men aged 20–44 years; and transport-related deaths (15.4, with very high rates in the 15–29 age group). In contrast, the only female categories with a death rate over 10 per 100,000 were transport-related deaths among 15–19 year olds (11.9) and falls among women aged 65 years and over (55.2 deaths).

Not only are there age and sex differentials in injury death rates, there are also socioeconomic differentials (AIHW 2002:187):

Males in the lowest socioeconomic quintile died at 1.7 times the rate of males in the highest socioeconomic quintile in the period 1995–97...For females in the same socioeconomic groups the differences were less marked.

Injuries significantly affect the health and wellbeing of Indigenous Australians. Injuries (accidents, assaults and intentional self-harm) accounted for 15% of Indigenous deaths in 2000, compared with 6% in the overall population (AIHW 2002:230).

Injury death rates have been subject to considerable change over recent years (Figure 2.3). The steady decline in transport-related deaths between 1990 (16.7 deaths per 100,000) and 2000 (10.6 deaths per 100,000) is perhaps the most notable feature of these trends. Suicide rates for males in 2000 (19.8) exceeded transport-related death rates (15.6), although suicide rates for both males and females have declined from peaks in 1997. The female death rate due to falls has been rising since 1993, possibly reflecting the ageing of the female population. Death rates from poisoning appear to have risen in recent years for both males and females, but the changes between 1998 and 1999 need to be interpreted with some caution because of coding system changes noted in the table footnotes.



2.3 Autonomy and participation

Autonomy—the opportunity to make and implement choices in life and to develop the capacities to do so—is fundamental to human wellbeing. A dual need is the need to belong to and participate in human society.

This section of the chapter presents information on important facilitators of autonomy and participation, such as education and knowledge, employment, transport and communication. Economic resources are a key indicator of autonomy and wellbeing in Australian society, indicating the resources available to people to acquire the basic necessities and to choose to spend on more discretionary goods and services. No picture of wellbeing can be complete without information on participation in recreation and leisure activities—activities that again reflect the duality of freedom to make autonomous choices and the sense of belonging fostered by participation.

Education and knowledge

Knowledge and education are vital ingredients in enhancing an individual's autonomy and empowerment, and in building society's collective capability. Education is a process that both involves and promotes participation. Successful education can equip an individual for enhanced participatory roles in society, including in employment, in social and cultural life, and in civic and democratic processes. The focus in this section is on education: levels of participation attainment and literacy in the overall population, and the achievement by school children of national standards in English literacy and numeracy.

Participation in education

Participation rate is a measure of the proportion of the population actively involved in education or training.

Of Australians aged 15–64 years, 20% were participating in education in 2001 (Table 2.14). Participation was highest for the 15–19 age group (76%) and lowest for the 55–64 age group (5%).

Table 2.14: Proportion of the population aged 15–64 participating in education (full-time or part-time), population subgroups by age, 2001 (per cent)

	Age groups						Total 15–64
	15–19	20–24	25–34	35–44	45–54	55–64	
Indigenous Australians ^(a)	52.1	18.6	15.3	13.7	10.7	8.2	20.8
Language other than English spoken at home ^(a)	85.5	51.6	19.0	11.1	6.4	3.7	22.5
All Australians ^(b)	76.0	35.7	16.2	11.5	8.0	5.4	20.2

(a) A proportion of Indigenous people also indicated they spoke a language other than English at home, therefore these two categories are not mutually exclusive.

(b) Includes Indigenous status not stated, and Language spoken at home not stated, inadequately described and non-verbal so described.

Source: ABS 2002e.

The Indigenous population had lower participation rates in education than did the general population in the age groups 15–34 years. However, in the older age groups, Indigenous rates were higher than for the total Australian population. This may reflect disadvantage at younger ages – that is, people in older ages may be ‘catching up’ on the education they missed out on earlier in their lives. Of Indigenous students who stated the type of institution they were attending, the greatest proportion of those aged over 19 were attending a Technical or Further Education institution. The overall participation rate for Indigenous people aged 15–64 was slightly higher than for the population as a whole; this is related to the younger age profile of the Indigenous population compared with the population as a whole, and the higher participation rates among younger age groups (ABS 2002e).

Participation in education for people who reported that they spoke a language other than English at home was higher in the age groups 15–34 years than for the general population, but lower in the older age groups.

Completion of secondary school is important in equipping children with skills and providing opportunities to enable them to pursue further education or find employment. The apparent retention rate is the percentage of full-time students of a given cohort group who continue from the first year of secondary schooling to a specified year level. The term ‘apparent’ reflects that no adjustments are made for migration into or out of Australia, or movements of students between jurisdictions.

In 2002, 75% of Australians who had entered Year 7/8 stayed at school until Year 12 (Table 2.15). Retention rates for Indigenous students were around half those for all Australians. Apparent retention rates for females have been higher than the equivalent rates for males since the mid-1970s, and have been around 10 percentage points higher since the early 1990s (ABS 2002e), giving rise to concerns about male outcomes in education.

Table 2.15: Year 12 apparent retention rates, by sex and Indigenous status, 2002 (per cent)

	Males	Females	Indigenous	All Australians
Retention to Year 12 as % of cohort entering Year 7/8 ^(a)	69.8	80.7	38.0	75.1

(a) Year 7/8 is used as the base year since the first year of secondary school is Year 7 in NSW, Vic, Tas and the ACT, and Year 8 in Qld, SA, WA and the NT.

Source: ABS 2003f.

Educational attainment

Levels of educational attainment in the population provide an indication of the Australia’s stock of knowledge and skills derived from formal education (ABS 2002e). The indicator used here focuses on the highest level of formal education completed (for information on how this measure is derived, see ABS 2002f:34–5).

Table 2.16: Level of highest educational attainment, by age, 2002 (per cent)^(a)

Age group	Bachelor degree or above^(b)	Certificate or diploma^(c)	Year 12	Year 11	Year 10 or below
25–34	24.8	26.3	21.6	7.5	19.0
35–44	21.2	26.6	14.9	8.6	27.8
45–54	19.9	26.4	12.9	6.5	33.3
55–64	13.2	25.1	9.1	3.6	47.4
Total 25–64	20.4	26.2	15.2	6.9	30.2

(a) Percentage of the population within each age group.

(b) Includes Bachelor degree, Graduate diploma or Graduate certificate, and Postgraduate degree.

(c) Includes Certificate I, II, III or IV, Certificate not further defined, Diploma and Advanced diploma.

Source: ABS 2002f.

In 2002, 20% of people aged 25–64 reported a bachelor degree or above as their highest education qualification attained, 26% a certificate or diploma and 15% Year 12 completion (Table 2.16). A relatively high proportion of people aged 55–64 reported that their highest qualification was Year 10 or below (47%, compared with 19% of those aged 25–34 years). There was a clear age effect – with each older age group, the proportion of people with Year 10 or below as their highest educational attainment increased. In 2001, 12% (1,489,300) of people aged 15–64 had not completed Year 10 and did not have a non-school qualification (ABS 2002e:63). While levels of educational attainment among Indigenous Australians have been slowly increasing, they remain well below those of non-Indigenous Australians (ABS 2002a).

The proportion of the population with a tertiary education is comparatively high in Australia. According to OECD data for 2001, the proportion of Australians aged 25–64 years with at least tertiary-level education was 27% for men and 31% for women, compared with the OECD country mean of 24% and 22%, respectively (OECD 2002). However, only 59% of the Australian population aged 25–64 had at least upper secondary, which was below the OECD country mean of 64%.

Literacy among schoolchildren

Reading and numeracy are essential skills needed for functioning in work and everyday life. As part of monitoring national goals for schooling in Australia, achievements for Years 3, 5, and 7 students are assessed against nationally agreed reading and numeracy benchmarks (DEST 2002; MCEETYA 2000b).

Results for Year 3 and Year 5 students were published in 2000 (MCEETYA 2000b). Of Year 3 students, 93% of those participating in the testing achieved the national reading and numeracy benchmarks; for Year 5 students, 87% attained the reading benchmark and almost 90% the numeracy benchmark (Table 2.17). Females were more likely than males to achieve the reading benchmarks but there was no sex difference in the achievement of numeracy benchmarks.

Table 2.17: Year 3 and Year 5 students achieving national educational benchmarks, by sex and Indigenous status, 2000 (per cent)^(a)

	National reading benchmark		National numeracy benchmark	
	Year 3	Year 5	Year 3	Year 5
Males	90.9	85.2	92.7	89.4
Females	94.3	89.6	92.8	89.8
Persons	92.5	87.4	92.7	89.6
Indigenous Australians ^(b)	76.9	62.0	73.7	62.8
Non-English-speaking background ^{(b)(c)}	90.8	84.9	90.3	87.1

(a) The data in this table represent students who have achieved the benchmark as a percentage of the students participating in the State and Territory testing, including students who were formally exempted (these students are reported as below the benchmark). Students who were absent or withdrawn by parents/caegivers from the testing, and students attending a school not participating in the testing, are not included in the data (MCEETYA 2002b). The proportion of such students ranged from 2.4% of Year 5 students in Queensland to 20% of Year 3 students in the Northern Territory.

(b) Methods used to identify Indigenous and non-English-speaking background students varied between jurisdictions. There is likely to be some overlap between these two groups.

(c) Non-English-speaking background students are defined as a student either born in a non-English-speaking country, or born in Australia with one or both parents born in a non-English-speaking country, or an Indigenous student for whom English is not the first language (MCEETYA 2000a).

Source: ABS 2002e.

Compared with Australian students as a whole, levels of attainment of reading and numeracy benchmarks were slightly lower for students from non-English-speaking backgrounds, and substantially lower for Aboriginal and Torres Strait Islander students. The benchmarks are, by definition, national standards and do not make adjustments for language, culture or other possible influences on these outcomes.

Population literacy

Prose literacy is the ability to understand and use information from various kinds of prose texts, including newspaper and magazine articles. The ABS 1996 Survey of Aspects of Literacy measured prose and document literacy using a five-point scale. Prose literacy of Level 3 or above is used as an indicator of a person's ability to use general printed materials found in everyday life and at work (ABS 2002e; OECD 2000). Those with prose and document literacy below Level 3 could be expected to have difficulties using such materials.

In 1996, 53% of people aged 15–74 years had prose and document literacy of Level 3 or above (ABS 2002e). Rates were highest in the 20–24 age group (64%) and lowest among people aged over 55 years (35% for those aged 55–64 and 24% for those aged 65–74). In all age groups below 45 years, a greater proportion of females than males had prose literacy of Level 3 or above; this situation was reversed for people aged over 55. Australia came 10th out of 22 countries (20 OECD, 2 non-OECD) tested between 1994 and 1998 for their level of adult prose literacy (OECD 2000).

Economic resources and security

Material standard of living is largely determined by people's command over economic resources. Economic security refers to the extent to which people have a reliable source of income and/or accumulated wealth (e.g. property, superannuation) to buffer their material standard of living into the future.

Income and income distribution

Equivalent disposable income is used as a basis for the indicators of income level and distribution in this section. Disposable income is gross income less direct tax and Medicare levy. This measure is adjusted for differences in household composition and size using an equivalence scale, to better reflect the level of economic wellbeing of each member of the household.

In 2000–01, median household equivalent disposable income for Australia was \$414 per week (Table 2.18). Median income for households in the highest income quintile was nearly double this figure, and that of households in the lowest quintile was less than half the overall median income.

Mean weekly equivalent disposable income across all households (\$469) was higher than median income, reflecting the effect on this measure of the very high incomes of a small proportion of households at the top of the income distribution. Income is distributed asymmetrically in Australia, as in most countries, with a relatively small number of people in very high income households, and a large number of people in low income households. In 2000–01, households in the top two income deciles accounted for 39% of all income received, while households in the second and third deciles from the bottom of the income distribution accounted for only 11%⁵ (ABS 2003a).

Table 2.18: Households, equivalent weekly disposable income by quintile, 2000–01 (dollars)

	Equivalent weekly disposable income quintile ^{(a)(b)}					All households
	Lowest	Second	Third	Fourth	Highest	
Median income (\$)	202	292	413	550	802	414
Mean income (\$)	180	295	413	555	903	469

(a) The modified OECD equivalence scale has been used to facilitate comparisons of income levels across different household types. Equivalence scales are sets of ratios that show the relative income levels required for households of different size and composition to maintain a similar standard of living. Data in this table have been standardised to the income requirements of a single person household.

(b) Quintiles have been calculated by ranking persons on the basis of equivalent weekly disposable household income and allocating an equal number of persons to each quintile. Due to differences in household sizes this will not give equal numbers of households for each quintile.

Source: ABS 2003a.

5 Deciles 2 and 3 are used rather than the bottom quintile (deciles 1 and 2) for looking at the income share of low income households because income data for the bottom decile are considered unreliable.

The ratio of equivalent household income marking the top of the 80th income percentile, to that marking the top of the 20th income percentile, is one of many indicators of income distribution—a higher value for this ratio indicates greater income inequality. In 2000–01 this ratio was 2.63, up slightly from 2.56 in 1994–95 (ABS 2003a). Trends in several income distribution indicators have led the ABS to suggest a possible rise in income inequality over the second half of the 1990s (ABS 2003a:10).

Income disadvantage

Data on low-income households as a proportion of all households are presented here, as a measure of income disadvantage. A measure that has commonly been used in Australia and internationally is the proportion of households whose equivalent disposable income is below 50% of the median for all households (ABS 1998a; OECD 2002).

In 2000–01, over two million Australians were living in households with equivalent weekly disposable income below 50% of the median for all households (Table 2.19). Using this measure, 14% of households and 11% of people across Australia were living in income disadvantage.

This measure may be sensitive to small changes in social security benefits, and thus unstable, because half median income is close to the value of some government benefits (e.g. the Age Pension) (ABS 2002a:96). Therefore, the proportions of households whose equivalent disposable income is below 40% and below 60% of the median for all households are also tabulated:

- 989,700 people were living in households with equivalent weekly disposable income below 40% of the median, that is, 6% of households and 5% of people across Australia; and
- 3,883,400 people were living in households with equivalent weekly disposable income below 60% of the median, that is, 25% of households and 21% of people across Australia.

Table 2.19: Income disadvantage: households with equivalent weekly disposable income below 40%, 50% and 60% of the median for all households, and people and children living in those households, 2000–01

	Households	Children aged <15 living in low-income households	All persons living in low-income households
Below 40% median equivalent weekly disposable income			
Number ('000)	420.9	223.4	989.7
Per cent	5.8	5.7	5.2
Below 50% median equivalent weekly disposable income			
Number ('000)	984.8	471.9	2,062.1
Per cent	13.5	12.1	10.9
Below 60% median equivalent weekly disposable income			
Number ('000)	1,826.0	859.3	3,883.4
Per cent	25.0	22.1	20.6

Note: See Table 2.18 footnote for explanation of 'equivalence'.

Source: 2000–01 ABS Survey of Income and Housing Costs (unpublished data).

Compared with people of all ages, a greater percentage of children were living in income-disadvantaged households—12%, or 471,900 children aged less than 15 years, using the measure of below 50% of median equivalent disposable weekly income. The OECD has used this measure as an indicator of rates of child poverty (for children aged under 18 years). In the mid-1990s, Australia ranked 9th lowest among 16 OECD countries on this indicator; the lowest rates of child poverty were found in the Nordic countries and Belgium (OECD 2002:53).

It is important to note that some of the most economically disadvantaged groups in Australian society, in particular people who are homeless and not staying in private dwellings at the time of the survey, may not be captured in the household-based survey used to produce these data.

In recent decades there has been considerable debate about the definition of poverty in Australia and about appropriate estimation methods (AIHW 2001a:392). A current Senate Committee Inquiry is renewing this debate and, by July 2003, had attracted almost 250 submissions. Estimation has received much coverage in submissions. The Social Policy Research Centre recognises the problem, and concludes:

Poverty research now faces a severe credibility crisis, as its principal tools are widely perceived to no longer be capable of providing an accurate and objective basis for monitoring poverty trends and differences. (Saunders 2003)

Financial stress and hardship

Measures of income alone do not give the full picture of economic wellbeing. Other measures may better reflect the extent to which households are constrained in their activities because of a shortage of money (Bray 2001).

The financial stress indicator presented here is based on data from the 1998–99 ABS Household Expenditure Survey, which asked households whether, prior to the survey, they had been unable to do a range of specified activities because of a shortage of money. The activities included taking holidays away from home, paying bills, and being able to afford meals. The three levels of financial stress in Table 2.20 are defined in the table footnote.

In 1998–99, about one-third of all households (2,406,000 households) experienced some financial stress, and 13% a high level of financial stress. Single parents with dependent children were the group that most often experienced financial stress—41% of these households reported high levels. Single people aged under 35 were the group next most likely to experience financial stress.

Table 2.20: Households: level of financial stress,^(a) by selected life-cycle groups, 1998–99 (per cent)

Life-cycle group	High	Moderate	No stress	All households	
				Per cent	No. ('000)
Lone person aged under 35 years	21.0	21.8	57.2	100.0	327
Couple with dependent children only	13.7	24.5	61.9	100.0	1,697
One parent with dependent children only	40.8	31.5	27.6	100.0	382
Couple, reference person aged 65 years or over ^(b)	4.2	15.3	80.6	100.0	594
Lone person, aged 65 years or over	7.3	17.4	75.3	100.0	622
All households^(c)	12.6	21.2	66.2	100.0	7,123
All households ('000)	897	1,509	4,717	100.0	7,123

(a) The level of financial stress of a household was determined according to the number of financial stress questions to which it responded negatively (i.e. the number of areas in which the household reported being constrained due to lack of money, based on the 13 questions asked in the survey): No stress—one or no questions answered negatively; Moderate stress—two to four questions answered negatively; High stress: five or more questions answered negatively.

(b) The reference person is normally the higher income recipient of the couple or, when income is the same, the older person.

(c) Includes other life-cycle groups.

Source: ABS: McColl et al. 2001.

Wealth and wealth distribution

Looking at household wealth—or ‘net worth’, defined as the sum of the household’s assets minus the sum of its liabilities—can shed some light on levels of economic security for households.

In 2000, median household net worth was greatest for households composed of a couple with dependants aged 15–24 (\$392,100), and lowest for lone-parent households with dependent children aged 0–14 (\$16,400) (Table 2.21). Some of the differences between the household types are likely to reflect differences in age and life-cycle stage. For example, couples with dependants aged 15–24 are likely to be older on average than those with younger dependants, and are therefore likely to have had more years in the workforce during which to build up assets.

In 2000, median household net worth was estimated to be \$5,600 in the lowest wealth decile and \$23,200 in the second decile, compared with \$518,900 and \$982,400, respectively, for the ninth and tenth wealth deciles (ABS: Northwood et al. 2002).

Table 2.21: Median household net worth, by household type, 2000

Household type	Median household net worth (\$'000)
Couple only	243.9
Couple with dependants aged 0–14	153.5
Couple with dependants aged 15–24	392.1
Couple with dependants aged 0–14 & 15–24	277.4
Lone person	111.0
Lone parent with dependants aged 0–14	16.4
Lone parent with dependants aged 15–24	100.2
Other households	202.1

Source: ABS: Northwood et al. 2002.

Saving for retirement is an issue of growing public policy concern. Superannuation assets increased significantly from 16% of total assets in 1996 to 21% in 2000 (ABS: Northwood et al. 2002). This reflects growth in the percentage of employees with superannuation—in 2000, 91% of employees aged 15–64 had superannuation, compared with just 55% in 1988 (ABS 2002f).

Employment and labour force participation

Employment and paid work provide the financial means by which people obtain the goods and services they do not produce themselves. Paid work, in Australian society, is therefore a major source of material wellbeing, the means by which people not only obtain the basic necessities to sustain life but also finance many social and recreational activities. Ideally, employment also provides opportunities for personal development and positive social interaction. Security of employment and the quality of working conditions underpin the success of employment in providing these various sources of individual wellbeing.

Employment is not only a key indicator of individual wellbeing, but is also intricately related to other aspects and experiences of a person's life, notably education, health and economic resources. Participation in employment is a key, recognised aspect of adult participation in society. Employment is, in these ways, an integral aspect of autonomy and social participation.

Labour force participation

Labour force participation rates in 2002 were 63.7% for the population aged 15 years or more—72.4% for men and 55.3% for women (Table 2.22). The overall rate has been fairly steady over the past decade, with a slight fall for men and a rise for women. That is, the gap between male and female participation rates has narrowed from 22 percentage points in 1992 to 17 in 2002 (ABS 2003b). These differences between male and female participation rates need to be kept in mind when considering differences in levels of employment and unemployment.

In 2002, an average of 6.6% of the labour force was unemployed—6.9% for males and 6.3% for females. The long-term unemployment rate was 1.3% of the labour force in 2002. The extended labour force underutilisation rate is a broader measure, developed to take into account unemployment, underemployment and also some groups who are not in the labour force but would like to work (see footnote to Table 2.22). This rate was 13% in 2002.

Table 2.22: Employment indicators, 2002

	Total ('000)	Total (%)	Males (%)	Females (%)
Employment and labour force participation				
Labour force (LF) size and participation rate	9,889	63.7	72.4	55.3
Employed (number and % of total population)	9,232	47.3	n.a.	n.a.
Unemployed (number and % of LF)	656.8	6.6	6.9	6.3
Long-term unemployed (% of LF)	n.a.	1.3	n.a.	n.a.
Extended labour force underutilisation rate	n.a.	13.0	n.a.	n.a.
Employment basis and conditions				
Part-time workers (% of total employed)	n.a.	27.9	14.4	45.2
Employees without leave entitlements (% of all employees)	n.a.	27.3	23.5	31.6
Average hours worked (full-time workers)	40.8
Full-time workers working 50+ hours per week (% of full-time employees)	n.a.	24.3	n.a.	n.a.

Notes

1. Reference periods are annual averages for the year ending 30 June, except for: employees without leave entitlements (August), labour force underutilisation (September).
2. Definitions in brief:
 - Employed person: person aged 15 years or more who, during the reference week of the labour force survey, worked for one hour or more for pay, profit or commission.
 - Unemployed person: person aged 15 years or more who was not employed during the reference week but who had actively looked for work or was currently available for work.
 - The labour force comprises employed and unemployed persons.
 - Underemployed person: employed person working less than 35 hours per week who is willing and available to work more hours.
 - Extended labour force underutilisation rate: the number of people who are unemployed or underemployed, plus two groups of people who are marginally attached to the labour force (i.e. people actively looking for work, not available to start work in the reference week, but available to start within 4 weeks, and 'discouraged jobseekers' who could start within 4 weeks but were not actively seeking work because they believed they could not find a job for specified reasons), as a percentage of the labour force augmented by these two groups of people marginally attached to the labour force.

Source: ABS 2003b.

Employment basis and conditions

In 2002, 28% of all people employed were part-time workers—14% of employed males and 45% of employed females. For both sexes these proportions have risen since 1992, when they were 10% for males and 41% for females (Table 2.22; ABS 2003b).

The proportion of male full-time workers without leave entitlements has risen markedly over the decade, while the proportion for females has remained relatively stable. In 2002, 24% of males and 32% of females employed full-time had no leave entitlements; in 1992, these figures were 16% and 31%, respectively.

Average weekly hours worked by full-time workers were 40.8 in 2002, with no noticeable trend over the decade since 1992 when the average was 40.6 hours (ABS 2003b). In 2002 24% of full-time workers worked 50 or more hours per week, representing a modest rise from 22% in 1992.

Employment and labour force differentials

There were marked differences in employment and labour force experience in June 2002 depending on age, sex and, for women, marital status (ABS 2002g). The ages that might be termed 'middle working ages', from 25 to 54 years, shared a fairly similar labour force pattern characterised by:

- high rates of participation (over 80% – well above the national average of 64% in June 2002), although these were lower for females, especially younger married females;
- unemployment rates below the national average of 6.3% in June 2002; however, in all age groups, unemployment rates were higher for unmarried males and females than for the overall sex and age group.

After age 55 years, labour force participation rates decreased for each older age group – and were 37% for people aged 60–64 years, and 6.6% for people aged 65+ – and unemployment rates were relatively low (3% for those aged 60–64 years).

The age group 15–19 years is characterised by relatively low labour force participation rates for both males and females and relatively high unemployment rates. The unemployment figures for this age group include people studying at school or tertiary institutions who are looking for work. The age group 20–24 years shares some similar characteristics, although its pattern is closer than the younger group's to the 'middle working age' pattern (ABS 2002g).

The employment patterns of young people aged 15–24 years have changed in recent decades, with increases in educational participation and many combining part-time work with full-time study. In 1995, 72% of young people were in the labour force, with 55% of them working full-time; in 1975, 68% were in the labour force but 81% of them worked full-time (ABS 1996a: 97).

Employment patterns also vary geographically. In capital cities, the unemployment rate for 2001–02 was 6.3%, and in the rest of Australia it was 7.3% (ABS 2003b).

People with disabilities have had poorer employment outcomes than others for two decades at least (AIHW 2001a: 311–12). Their participation rates in 1998 were 53%, compared with 80% for those with no disability, and only 35% for those with 'severe core activity restrictions' (i.e. needing assistance with self-care, mobility or communication). Unemployment rates were also differentiated: 11.2% for those with disabilities, 7.9% for those with no disabilities and 10.6% for those with 'severe core activity restrictions' (whose unemployment rates may be dominated by their low participation rates⁶).

6 These rates were age standardised to enable more valid comparisons, since disability rates are age-related.

Table 2.23: Indigenous labour force status of persons aged 15 years and over, 2001

	Indigenous	Non-Indigenous	Total ^(a)
In the labour force:			
Employed: CDEP ^(b)	17,805	1,900	19,769
Employed: Other	78,446	7,950,402	8,076,660
Employed: Not stated ^(c)	4,142	192,184	202,177
Unemployed	25,044	628,623	660,709
<i>Total labour force</i>	<i>125,437</i>	<i>8,733,109</i>	<i>8,959,315</i>
Not in the labour force	115,422	5,060,381	5,265,426
Unemployment rate (%)	20.0	7.2	7.4

(a) Includes not stated.

(b) Community Development Employment Projects scheme.

(c) Includes employed persons who did not state industry sector.

Source: ABS 2003g.

Employment outcomes for Indigenous Australians were notably worse than for the population overall (Table 2.23). Their unemployment rate, for instance, was 20% in 2001, compared with 7.2% for the rest of the population. Indigenous employment figures include almost 18,000 Community Development Employment Projects (CDEP) scheme participants, recorded in the Census. This Census figure appears to be an under-count of the 32,000 CDEP participants recorded by ATSI, probably related to collection methods outside remote areas (ABS & AIHW 2003:25).

Transport and communication

The ability to move around the community, to communicate within it, and to access transport and communication systems are all important aspects and facilitators of successful human functioning (e.g. WHO 2001). Accessibility has been defined as the ease of access with which people can reach a variety of locations, and is achieved not only through mobility but also through communication networks such as telephone systems and the Internet (Ross 1999). Accessibility, in this sense, is essential for everyday life.

Transport

The availability of efficient and affordable transport is important not only for the movement of people and goods but also because it provides significant social and economic benefits, by facilitating access to resources within and around the community, trade opportunities, employment, education, health services, leisure activities and community activities (NSW EPA 2000).

While there is a considerable array of data on transport in Australia, the emphasis is often on economic inputs, distances travelled or resources consumed, rather than the efficacy of transport systems for people's wellbeing. The question asked in the ABS General Social Survey on perceived level of difficulty with transport may provide a valuable summary indicator of transport accessibility when data become available.

Car use and access

In Australia, the private passenger motor vehicle is the main means of transport for almost all purposes. According to the 2001 Census, 64% of employed people travelled

to work by car as either passenger or driver; 3% travelled by 'train only'; 3% by 'bus only'; and 5% either rode a bike or walked (ABS 2002h). Even in the Sydney region, the car dominates; on weekdays in 2001, 48% of all trips were made by motor vehicle drivers, 22% by passengers, 5% by train, 6% by bus, 17% walking and 2% using other modes (TDC 2002).

Access to the private motor vehicle and the affordability of its use are therefore indicators of access to the dominant form of transport in Australia. The average operating cost of the majority of small to medium private vehicle models (5 years old or less) was estimated as ranging between \$130 and \$180 per week (NRMA 2003),⁷ compared with average weekly earnings of Australian employees in early 2003 of \$713 per week (ABS 2003g).

Access to public transport

Access to public transport, and the criteria for judging accessibility, may vary by location. In 2000–01, it was estimated that 99% of Australians living outside metropolitan areas, in urban centres and localities of 200 persons or more, were within 'reasonable access distance' of regional rail, coach or air services (that is, within a road distance of 70–120 kilometres of an airport or 16 kilometres of a rail or regional coach stop) (BTRE 2002). Equivalent data are not available for other regions.

Public transport accessibility for people with a disability is important in facilitating full participation in and enjoyment of community life. In 1998, journeys by public transport were undertaken by 47% (1,577,500 of 3,378,500) of people with a disability (aged 5 years and over). For the last journey in the fortnight before the ABS disability survey, 7% (250,400) used public transport, while in contrast, 78% (2,626,400) of people with a disability travelled by private motor vehicle (31% as a passenger and 46% as the driver) (ABS 1999:31, 33). Difficulty with using public transport was identified by 31% (1,050,700) of people with a disability, the most common difficulty being due to steps for getting in/out of vehicles/carriages. Disability standards for accessible public transport were approved by the Commonwealth Parliament and commenced in October 2002 (see Box 8.3).

Communication

The communication of information, ideas and knowledge is important to many aspects of participation, including in education and the economic sphere. Communication networks provide access to information through channels such as the Internet. The Internet increases accessibility to information for cultural or recreational pursuits, as well as providing efficiencies (through facilities such as Internet banking and purchasing). Better communication makes Australian industry more competitive, both domestically and internationally, thereby enabling a higher economic standard of living (ABS 2002a). The focus here is on indicators of people's access to communication systems and equipment (communications enablers), rather than on indicators of communication activities.

7 These costs included depreciation, interest, registration, full insurance, NRMA membership, fuel, vehicle maintenance and additional purchase costs.

The Internet has become an increasingly important communication and research tool, providing information about and to organisations, companies, universities and individuals. It is also capable of offering on-line services including education, banking and shopping, thus allowing people to work or study from home and to save time, as well as to communicate with others. Internet access is indicated by the proportion of households connected to the Internet, compared with the total household population—37% in 2000, up from 4% in 1996 (ABS 2002a).

Telephones were one of the major communication devices used extensively throughout the 1990s. The number of fixed phone lines in Australia increased by over a third between 1990 and 1999, from 7.8 million to almost 10.5 million (ABS 2002a). Over the same period there was a rapid rise in mobile phone ownership, from 1 per 100 Australians to 40 per 100 Australians. It does not appear possible, however, to obtain data on combined coverage, or the number of households or people with no access to a telephone; the last national data were published by the ABS in 1990.

Telstra is now required to provide tele-typewriter (TTY) vouchers to people who are certified 'profoundly deaf' (HREOC 1995).

The adequacy of mobile phone coverage is of particular interest in a country the size of Australia. There are two main types of mobile phone network: Global system for mobile communications (GSM) and code division multiple access (CDMA) networks. Mobile phone services are also offered via satellite, with coverage over the entire Australian landmass and population; this option is much more costly and not often considered by the average consumer. In 2001–02, Australia's CDMA network had the largest cellular mobile coverage, providing more than 1.1 million square kilometres of coverage—that is, over 13% of total land area of Australia, with 97% of the total population of Australia within this area. The GSM system covered at least 6.6% of total land area, covering 95% of the population (ACA 2002).

Recreation and leisure

A balanced lifestyle that includes participation in recreation and leisure activities can be a major contributor to a person's physical and mental health and wellbeing. Recreational activities may involve group or club activities and hence offer opportunities for social interaction and community engagement, in turn adding to the fabric of a cohesive society. So important is the human need for leisure that it is recognised in the UN Declaration of Human Rights, which states that 'Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay' (UN 1948).

Measuring the time actually spent on recreation and leisure appears to be the most straightforward way of summarising participation in recreation and leisure. This is the approach taken in this chapter; it enables the indication of balance in lifestyle, in that time spent on recreation and leisure can be compared with time spent on other activities.

Time use, in this section, is reported as an average across the whole population aged 15+ years and across every day of the week. These estimated averages are based on household surveys and diary records kept by survey respondents (see ABS 1998b and AIHW 2003a). Because people can carry out more than one activity at a time, activities

may be tabulated as 'main activities' (for which the time used can be summed to a whole day) or else as 'all activities'.

Overall pattern of time use

Personal care, as a main activity, occupied 46% of people's time in 1997, largely because of the inclusion of 'sleep' in this category, on which people spent an average of 36% of their time (ABS 1998b; AIHW 2003a). Recreation and leisure was the next main activity (19% of people's time), ahead of employment (14%) and domestic activities (10%).

There were male-female differences in this pattern, with males spending, on average, more time on employment-related activities than females (18% of time compared with 9%), slightly more in recreation and leisure (20%, compared with 18%), and less in domestic activities (7%, compared with 13%).

Overall pattern of recreation and leisure activities

Of time spent on recreation and leisure activities, by far the most likely was time spent on audio-visual media – TV, radio, recorded music (130 minutes per day on average, of a total of 268 minutes on recreation and leisure as a main activity). Talking (35 minutes) was a distant second, ahead of sports and outdoor activities (27 minutes), reading, games and crafts, and other activities (Table 2.24). There were a number of sex differences, the most marked being that females spent more time talking, and men spent more time on audio-visual activities and sporting and outdoor activities.

When 'all activities' are considered, the picture of recreation and leisure changes somewhat. Audio-visual activities assume even more importance – 130 minutes per day for audio visual media as a *main* activity climbs to 257 minutes per day for *all* audio-visual activities – probably reflecting the ease with which people can undertake other activities combined with these, for instance, listening to the radio while driving or gardening. Sport and outdoor activities changed far less, from 27 minutes per day to 28 (ABS 1998b:Table 15).

Table 2.24: Average daily time spent on recreation and leisure as main activities, by sex, 1997 (minutes)

Main free-time activities ^(a)	Males	Females	Persons
Sport and outdoor activity	33	20	27
Games/hobbies/arts/crafts	18	15	17
Reading	24	26	25
Audio/visual media	143	118	130
Attendance at recreational courses	1	1	1
Other free time	23	20	21
Talking (including phone)	27	44	35
Writing/reading own correspondence	1	2	1
Associated travel	11	7	9
Other	2	1	1
Total	283	254	268

(a) 'Free time' is a time use category comprising activities such as religious observance, socialising, and a range of activities commonly associated with recreation and leisure.

Source: ABS 1998b:18.

Table 2.25: Average daily time spent on recreation and leisure as main activities, by age and sex, 1997 (minutes)

Age	Males	Females	Persons
15–24	326	263	295
25–34	242	206	223
35–44	233	209	221
45–54	253	233	243
55–64	314	297	305
65 and over	400	377	387
Total	286	257	271

Source: ABS 1998b:55.

The 35–44 age group spent the least time of all age groups surveyed on recreation and leisure activities (221 minutes per day as a main activity). Thereafter the time increased, with those in the age group 55–64 years having the same leisure time as the 15–24 year age group (around 300 minutes per day). The sex differences previously noted held in every age group, although they were greatest in the age group 15–24 years, where females spent about 60 minutes less per day on recreation and leisure than did males of the same age (Table 2.25).

Recreation and employment

People who were employed full-time spent some 30 minutes per day less on recreation and leisure than did those who were employed part-time (Table 2.26). People who were not employed at the time of the survey spent the greatest amount of time on recreation and leisure activities. Females had less leisure time than males, regardless of employment status. In fact, females employed part-time had about the same average time for recreation and leisure as did males employed full time, and those not employed had as much leisure time as part-time employed males.

Table 2.26: Average daily time spent on recreation and leisure as main activities, by employment status and sex, 1997 (minutes)

Employment status	Males	Females	Persons
Employed full-time	225	198	217
Employed part-time	304	226	247
Not employed	392	303	337

Source: ABS 1998b:34.

Physical activity

Physical activity is recognised as an important factor in reducing the risk of certain chronic diseases and their effects. The National Physical Activity Guidelines for Australians recommend 30 minutes of moderate-intensity physical activity on most days of the week.

Data from the Active Australia surveys indicate that the proportion of people aged 18 years and over whose physical activity levels were considered sedentary rose between 1997 and 2000, from 13.4% to 15.3% (AIHW 2003b:3). These people reported no participation in walking, moderate-intensity or vigorous-intensity activity during the week prior to the survey. It should be noted that, in determining a respondent's level of physical activity, the Active Australia Survey does not count physical activity in the course of work.

2.4 Social cohesion

Social cohesion can be described as the 'connections and relations between societal units such as individuals, groups (and) associations' (Berger-Schmitt 2000:2, following McCracken 1998).⁸ Embedded within this concept are feelings and attitudes such as shared values, trust, and a sense of belonging, which shape and moderate these connections and relations.

A review of approaches to the concept of social cohesion identified two main themes or 'societal goal dimensions' (Berger-Schmitt 2000):

1. The first dimension concerns the reduction of disparities, inequalities and social exclusion.
2. The second dimension concerns the strengthening of social relations, interactions and ties. This dimension embraces all aspects which are generally also considered as the social capital of society.

Both dimensions are of equal importance to any assessment of social cohesion, since strong social capital on its own may result in exclusion of or discrimination against people not belonging to a particular community or group. In this section, however, the indicators presented focus on the second dimension—social capital.⁹ The underlying

8 The concept of social cohesion is often interpreted and defined in relation to two other equally important conceptual players in the social statistics field—social capital and social exclusion. However, interpretations of the relationship between these concepts, particularly between social cohesion and social capital, do differ, with social cohesion being seen as encompassing, equal to or an element of social capital (see, for example, Green 2003). Here social cohesion is seen as encompassing social capital.

9 Social capital as defined by the OECD, and recognised by the ABS, comprises the 'networks, together with shared norms, values and understandings which facilitate cooperation within or among groups' (Cote & Healy 2001:41).

theme of the first dimension (i.e. exclusion) flows through this and the other welfare components of 'Healthy living' (Section 2.2) and 'Autonomy and participation' (Section 2.3), in terms of the measures of distribution, inequality and disadvantage.

Social cohesion is an evolving field in social statistics, in terms of its constituents and interpretation. A lack of recent, nationwide data has hampered any broad assessment of the strength of social cohesion in Australia, although smaller, more regionally based analyses provide an insight. The advent of new social surveys capturing the concept of social cohesion should strengthen the presentation of social cohesion indicators in the future and improve our understanding of their relationship to the notion of a cohesive society.

Nonetheless, current data do provide some evidence about social cohesion in Australia. For example, community engagement is relatively strong, with Australians volunteering at a rate similar to or higher than that found in other developed countries. On the negative side, there are indications of social exclusion in the high imprisonment rates experienced by young males and the Indigenous population, and in the presence of suicide as a major cause of death, again especially for young males. Social and civic trust are difficult to measure and the evidence available is equivocal.

Family formation and functioning

The family¹⁰ is 'the largest source of emotional, practical and financial support in our society' (McDonald 1995:1) and can be conceived of as the wellspring from which some of the dimensions crucial to social cohesion develop, such as trust, social support and the extension of social networks (Coleman 1988; Furstenburg & Hughes 1995; Hughes & Black 2003; Stone & Hughes 2002). The breakdown of the family, in turn, potentially contributes to the disruption of networks forged by family living and the inherent trust that goes with these.

Family formation

Families have undergone significant change in the last three decades. Marriage rates and fertility rates have decreased, de facto relationships and single-parent families are more common, and divorce has increased (AIHW 1997, 1999, 2001a; McDonald 1995, 2003; and see Chapter 6). To reflect these changes, the indicators of family formation and dissolution presented here include social marital status and family type, and age-specific divorce rates. Additional indicators of age-specific marriage rates and fertility rates are discussed in Chapter 6 (Tables 6.1 and 6.2).

10 Families are defined in any number of ways, often depending on whose perspective is being sought and the purposes for which a family requires definition. This chapter recognises the ABS definition of the family as 'two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household' (ABS 1995:166).

Table 2.27: Social marital status of Australians, by sex and age, 2001 (per cent)

	Age group							
	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Males								
Registered marriage	2.2	36.2	59.9	66.1	69.2	68.2	61.8	39.8
De facto marriage ^(a)	4.9	14.3	8.5	5.8	3.5	1.5	8.8	0.7
Not married	82.2	39.3	23.4	20.2	18.4	19.5	24.8	33.8
Not applicable ^(b)	10.7	10.2	8.2	7.8	8.9	10.8	12.5	25.7
Females								
Registered marriage	5.4	46.5	63.3	65.1	63.2	51.8	29.8	8.3
De facto marriage ^(a)	8.2	13.7	7.6	5.1	2.4	0.8	0.4	0.2
Not married	76.7	32.6	24.0	23.8	25.9	37.4	55.2	53.1
Not applicable ^(b)	9.7	7.2	5.2	5.9	8.5	10.0	14.7	38.4

(a) Includes same-sex couples.

(b) Includes persons in non-classifiable households, non-private dwellings, migratory or off-shore census collection districts, and visitors from within Australia.

Source: ABS 2003h.

Social marital status reflects the current marital status of Australians aged 15 years and over, including those people living in registered and de facto marriages. De facto marriages include both heterosexual and same-sex couples. Issues related to the accurate identification of same-sex couples, however, preclude any attempt to separately present these data here.

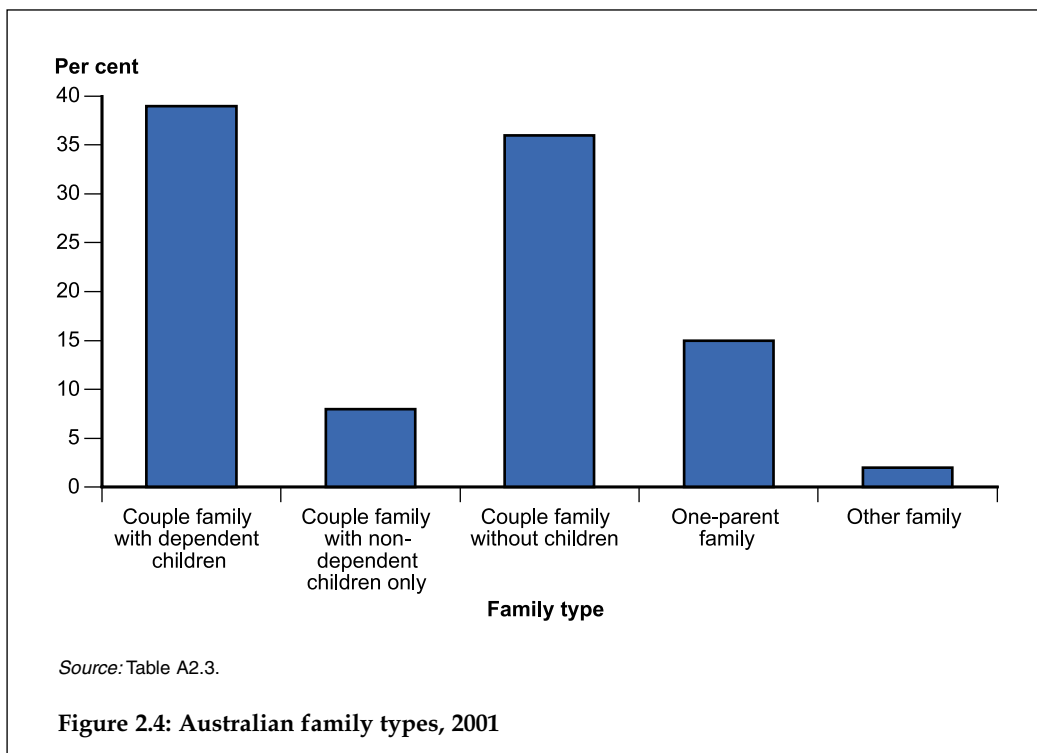


Table 2.28: Age-specific divorce rates,^(a) 1991 and 2001

	Age group									Total
	< 24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+	
Males										
1991	10.6	20.5	19.7	17.0	14.7	12.5	9.0	5.9	2.2	11.6
2000	12.0	19.1	21.1	18.8	16.5	14.2	11.4	7.5	2.7	12.0
Females										
1991	16.1	21.5	18.3	15.6	13.5	10.6	6.5	3.8	1.4	11.5
2000	16.1	21.8	20.5	17.5	15.4	12.6	9.0	5.2	1.8	12.0

(a) Per 1,000 married males and females.

Source: ABS 2002i.

In 2001, over 60% of Australians aged 35–64 were in registered marriages (Table 2.27). Younger Australians (15–24 years) were more often not married, as was the case for women over the age of 75 years. Compared with males, a greater proportion of females between the ages of 15 and 44 years were in registered marriages, particularly for the age group 25–34 (47% of females, compared with 36% of males).

The proportion of people living in de facto marriages varied with age, ranging from 0.7% to 14% for males and 0.2% to 14% for females. De facto marriages were by far more common for younger adults, the highest rates being reported for adults aged 25–34 years (14% for both males and females), followed by 35–44 year olds (9% of males and 8% of females).

The majority of Australian families in 2001 were couple families with dependent children (39%) or couple families without children (36%) (Figure 2.4). One-parent families made up 15% of all families.

The age-specific divorce rate for men and women in 2001 was 12.0 divorces per 1,000 married people (Table 2.28). The highest rates for both men and women occurred between the ages of 25 and 39 years. Divorce rates have increased slightly since 1991, for both sexes and most age groups.

Family functioning

Family functioning is an important mediator of the impact of family structure and exerts possibly greater influence on child development and health outcome(s) than family structures and transitions (Sanson & Lewis 2001). Themes such as family cohesion, as indicated by the strength and quality of relationships, and family support are commonly used in any discussion of family functioning and its relationship with social cohesion (Amato 1998; Coleman 1988; Furstenburg & Hughes 1995). Some potential indicators are briefly discussed below, although universally applied indicators are yet to be developed. Data are presented for two indicators of family breakdown—domestic violence and rates of children who were the subject of a child protection substantiation.

Indicators of family cohesion focus on the quantity and quality of interactions between family members, and hence the quality of existing relationships. One approach is to develop a composite of indicators based on questions relating to the frequency of

positive interactions (e.g. talks, attention, conversation, pursuit of common activities) or negative confrontations (e.g. conflict) (Amato 1998; Berger-Schmitt 2000; Coleman 1988). Another approach looks at levels of satisfaction as expressed by different family members. The HILDA survey (see <www.melbourneinstitute.com/hilda/>) provides some data on family cohesion—an appropriate indicator will be developed in the future.

Family members are often the first source people turn to when looking for support. Having the confidence to seek support from immediate family members in times of need suggests the entrenchment of trust and reciprocity (Hughes & Black 2003). The 'Growing up in Australia' survey,¹¹ a longitudinal study examining the impact of the social and cultural environment on Australian children, will ask respondents about who they turn to when needing emotional support and advice, financial assistance and practical help (e.g. care when sick). The first wave of these data is not due until 2005.

Domestic violence

Domestic violence refers to all potential forms of family violence (Flitcraft 1997), but abuse between married and de facto couples, specifically with the female partner as victim, tends to be the most commonly defined form of domestic violence and is hence the primary subject of policy and research attention. Nationwide data on domestic violence are limited and what is reported is often concealed within general assault (physical or sexual) statistics. In 2002, household survey data reveal that 21% of all assault victims (149,100 persons) were assaulted by a partner (current or ex-) or other family member (Table 2.29). Females (35%) were much more likely than males (9%) to have been assaulted by a partner or other family member.

Table 2.29: Domestic violence: Australians who were assaulted by a partner, ex-partner or other family member, 2002^(a)

Offenders	Males		Females		Persons	
	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent
Partner	*4.9	*1.3	29.8	9.2	34.7	4.8
Ex-partner	*7.3	*1.9	37.5	11.5	44.9	6.3
Other family member	23.4	6.0	46.1	14.2	69.5	9.7
Total	35.6	9.2	113.4	34.9	149.1	20.8
Total victims of assault ^(b)	392.2	100.0	325.7	100.0	717.9	100.0

(a) Data are based on the most recent incident reported by respondents in the 2002 ABS Crime and Safety Survey.

(b) Other offenders include friend, work/study colleague, neighbour, acquaintance, other known person, and not known personally.

Source: ABS 2003d.

11 The 'Growing up in Australia' survey is being funded by the Commonwealth Government and implemented by a consortium led by the Australian Institute of Family Studies and FaCS.

Child abuse and neglect

Child abuse and neglect is the 'physical or psychological damage caused by the abusive behaviour of others, or the failure of others to protect a child from such damage' (James 1994:2). Such abuse is often caused by family breakdown, either due to 'internal' factors such as marital conflict or other dysfunctional family relationships, lack of parenting skills, or problems with coping or self-control, or by 'external' factors such as social isolation.

Notifications of child abuse to community services departments are substantiated if there is reasonable cause to believe that a child has been, was being or is likely to be abused or neglected or otherwise harmed. Community attitudes, and the differences between jurisdictions in child protection policies and practices, affect rates of substantiation and thus the data discussed below should be treated with some caution (see Section 6.5, and AIHW 2003c).

Rates of children who were the subject of a child protection substantiation in 2001–02 generally declined with age, with the highest rates being for children aged under 1 year (range: 1.8–15.6 per 1,000) and the lowest for children aged 15 and 16 years (range: 0.6–5.2 per 1,000) (Table 2.30). The one exception was New South Wales where higher substantiation rates were found for children aged 10–14 years.

Indigenous children were more likely to be the subject of substantiation than non-Indigenous Australian children, for all states and territories. In Victoria, for example, the substantiation rate for Indigenous children was 48.1, compared with 6.1 for non-Indigenous children. The reasons behind the over-representation of Indigenous children in child protection substantiations are complex but may include intergenerational effects of previous separations from family and culture, and poor socioeconomic status (HREOC 1997).

Table 2.30: Rates of children who were the subject of a child protection substantiation,^(a) by age, Indigenous status, and state and territory, 2001–02

Age	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
<1	4.5	11.1	15.6	4.8	8.8	1.8	6.5	11.6
1–4	4.2	7.4	9.8	2.5	5.6	1.6	3.0	7.1
5–9	5.0	6.2	8.6	2.7	5.9	1.1	3.0	5.1
10–14	5.3	5.8	7.6	2.1	4.8	1.0	2.2	5.3
15–16	3.9	5.2	3.3	1.2	2.4	0.6	1.1	2.6
Indigenous	15.3	48.1	14.3	13.5	31.6	0.3	6.5	9.7
Non-Indigenous	4.3	6.1	7.9	1.7	4.4	1.4	2.6	3.2

(a) Per 1,000 children.

Source: AIHW 2003c.

Social and support networks

Social networks embody the informal networks operating in society. Interaction is the key to their maintenance and provides the opportunity to build reciprocal relationships and generate interpersonal trust. Strong social networks may act as reservoirs for support; 'a resource that, once accumulated, can be drawn upon or accessed as needed' (Boisjoly et al. 1995:609). Support may be experienced in any number of guises, including the provision of information, practical help or emotional support. The quality and amount of support offered is often related to the social norms governing a network, the knowledge and will of the network, as well as to its size and density.

The number of contacts with extended family (including those not usually living in the same household) and friends is a commonly used indicator of social network strength in national and community-based surveys. How often individuals see or speak to relatives, friends and neighbours can translate into feelings of acceptance, social trust and shared norms and identities. The quality of social contacts is also important for strengthening these networks because it presents strong evidence for actual and existing bonds (Black & Hughes 2001). No national data are available on the quality of informal social relations.

Family and close friends are often the first people individuals turn to for care and support. Access to social support is reported to have a positive impact on health (Baum et al. 2000; Rosenfeld 1997), to buffer stress (Cassel 1976) and facilitate empowerment (Craig & Mayo 1995). Furthermore, the receipt and delivery of assistance, especially in times of need, can engender feelings, and the actual execution, of reciprocity.

Social detachment

Social detachment can be experienced in terms of isolation, exclusion and non-involvement, particularly if a person is cut off from relationships providing friendship, company, care or support. Rates of suicide and prisoner population are two indicators proposed to reflect the level of social detachment existing in a population (see, for example, ABS 2002c; Berger-Schmitt & Noll 2000; OECD 2003), and hence a subsequent strain on social cohesion. See the section on 'Safety', above, for data on suicide.

On 30 June 2002, there were 22,492 prisoners in Australia (Table 2.31). Males made up 93% of the prison population and their rate of imprisonment was much higher than for females—282.4 males per 100,000 population, compared with 19.2 females per 100,000.

Non-Indigenous Australians made up 80% of the prison population in 2002. The rate of imprisonment was 118.7 persons per 100,000. Around 39% of these prisoners were aged 20–29 and 32% were aged 30–39 years. Males were imprisoned at a rate much higher than females (226.9 and 14.5 per 100,000, respectively).

The imprisonment rate of Indigenous people was more than 10 times higher than that of non-Indigenous people, at 1,806.3 per 100,000 (compared with 118.7). Again, most prisoners were aged between 20 and 39 years, with half of all Indigenous prisoners aged 20–29 years. Imprisonment rates for males in the age groups 20–29 and 30–39 were exceptionally high, at 5,453.1 and 4,616.0, respectively, and over 10 times the rate for non-Indigenous males. For females in these age groups the difference between Indigenous and non-Indigenous rates was even greater.

Table 2.31: Rates of imprisonment,^(a) by age, sex, and Indigenous status, 30 June 2002^(b)

Age	Males			Females			Persons		
	No.	%	Rate ^(c)	No.	%	Rate ^(c)	No.	%	Rate ^(c)
Non-Indigenous									
17–19	572	3.4	133.6	27	2.4	6.6	599	3.3	71.6
20–29	6,604	39.1	483.5	478	42.8	35.4	7,082	39.3	260.8
30–39	5,322	31.5	360.2	364	32.6	24.1	5,686	31.5	190.5
40–49	2,677	15.9	186.5	176	15.8	12.1	2,853	15.9	98.5
50–59	1,209	7.2	100.6	56	5.0	4.7	1,265	7.0	52.9
60+	497	2.9	32.4	16	1.4	0.9	513	2.9	15.3
<i>Total</i>	<i>16,881</i>	<i>100.0</i>	<i>226.9</i>	<i>1,117</i>	<i>100.0</i>	<i>14.5</i>	<i>17,998</i>	<i>100.0</i>	<i>118.7</i>
Indigenous									
17–19	241	5.8	1,720.0	25	6.8	184.1	266	5.9	964.0
20–29	2,017	48.9	5,453.1	195	53.1	523.2	2,212	49.2	2,978.6
30–39	1,359	32.9	4,616.0	102	27.8	312.0	1,461	32.5	2,350.6
40–49	409	9.9	2,009.3	40	10.9	175.7	449	10.0	1,041.4
50–59	84	2.0	740.4	5	1.4	39.8	89	2.0	372.1
60+	17	0.4	218.4	—	—	—	17	0.4	95.8
<i>Total</i>	<i>4,127</i>	<i>100.0</i>	<i>3,441.4</i>	<i>367</i>	<i>100.0</i>	<i>284.8</i>	<i>4,494</i>	<i>100.0</i>	<i>1,806.3</i>
Total prison population	21,008	93.4	282.4	1,484	6.6	19.2	22,492	100.0	148.3

(a) Data exclude persons held in juvenile institutions, psychiatric custody and policy custody.

(b) Data were collected on all persons held in Australian prisons on the night of 30 June 2002, based on administrative records held by corrective services in each Australian state and territory.

(c) Per 100,000 population in each age group. Rates are age-standardised and were derived using resident and estimated Indigenous population for June 2002.

Source: ABS 2003i.

Trust

Trust is the ‘expectation that arises within a community of regular, honest and cooperative behaviour’ (Fukuyama 1995:26). It is also a response to trustworthiness, or people ‘acting according to the ways expected or promised, taking into account the interests of the other person’ (Black & Hughes 2001:88). Trust and trustworthiness are two sides of the same phenomenon, acting to ‘lubricate’ social interaction and hence the smooth functioning of society.

‘Social trust’ is the trust felt towards more casual acquaintances and strangers and is quite distinct from interpersonal trust, or trust in familiars. Social trust is seen as being more important than interpersonal trust, since social trust indicates a more inclusive form of acceptance (Cox & Caldwell 2000; Hughes et al. 2000). In the early 1980s, 46% of the Australian population felt they could trust most people. Ten years later this rate had dropped to 40%, and stayed at this level in 1995–96 (Hughes et al. 2000, citing Morgan Gallup 1984 and Basanez et al. 1997).¹²

12 Trust percentages based on respondents answering yes to the question: ‘Generally speaking, would you say that most people can be trusted or that you can’t be too careful in dealing with people?’.

Table 2.32: Levels of confidence in selected institutions,^(a) 1983, 1995 and 2001 (per cent)

	Federal government	Legal system	Police	Major Australian companies	Trade unions	Armed forces
1983^(b)						
A great deal	8.6	11.6	27.4	15.6	4.3	22.2
Quite a lot	46.7	48.9	53.0	63.7	19.8	44.6
Not very much	37.4	34.9	17.3	19.2	55.7	28.5
None at all	7.3	4.6	2.2	1.6	20.2	4.6
1995^(b)						
A great deal	2.2	4.9	18.5	5.7	2.9	14.7
Quite a lot	23.9	29.8	57.3	52.8	22.7	52.9
Not very much	53.3	53.2	20.2	36.7	51.9	28.0
None at all	20.5	12.1	4.0	4.7	22.4	4.5
2001^(c)						
A great deal	6.2	4.9	13.2	2.9	2.3	26.2
Quite a lot	44.6	31.1	55.0	43.5	24.5	58.2
Not very much	37.8	51.3	27.2	44.3	56.6	14.2
None at all	11.3	12.7	4.6	9.4	16.8	1.4

(a) In the text, 'confidence' comprises survey responses 'A great deal' and 'Quite a lot'.

(b) Data from the Australian Values Survey and World Values Survey.

(c) Data from the Australian Election Study.

Sources: Papadakis 1999 analysis of Australian Values Survey 1983 and World Values Survey 1995; SSSA 2001.

Trust in public or high-level institutions is referred to as 'civic trust'. Interactions between different strata in society are considered important in promoting social cohesion since people in these relationships find themselves in a better position to access resources on offer and, potentially, foster socially useful links (Anheier & Kendall 2000; Black & Hughes 2001). Confidence can be viewed as antecedent or complementary to trust. Much of the data relating to the Australian population's views of public institutions are based on feelings of confidence, rather than trust per se, and thus confidence in these institutions will be used as a proxy indicator of trust.

In 2001, Australians had the highest level of confidence in the armed forces (84%) and the police force (68%). Confidence in other institutions—federal government, the legal system, major companies and trade unions—was much lower, with 50% or less of the population surveyed indicating 'a great deal' or 'quite a lot' of confidence in them (Table 2.32).

Trends in confidence in these different institutions show quite varied patterns. Whereas confidence in the police force, legal system and major Australian companies declined between 1983 and 2001—quite markedly for the legal system and major companies, where confidence almost halved—confidence in the armed forces rose by almost 20 percentage points. In the case of the federal government, the trend was more erratic—confidence fell between 1983 and 1995, then increased again in 2001. Trade unions experienced relatively static levels of confidence over this time period, staying at roughly a quarter of the population.

Community and civic engagement

Community and civic engagement denotes the type of participation, including volunteering, that occurs within the more formal social networks operating in the community. These formal networks incorporate the myriad of relations people hold with more distant acquaintances, or associates and colleagues. Such relationships are generally weaker and more diverse but also tend to involve individuals who may not normally associate with one another, that is, they form 'bridges' between community members.

The work of non-government organisations (NGOs) typifies such engagement through their dedication to providing not-for-profit services (see, for example, Chapter 4). NGOs play an important role in the provision of welfare, social and other services in Australia and often rely significantly on volunteering and donations from the public. These forms of engagement are described in two indicators presented below: participation in voluntary work and monetary donations to charities and non-profit organisations.

Community engagement

Volunteering generally relies on face-to-face interaction, often drawing people who may not necessarily interact in other circumstances, to work together for the benefit of others. This initial establishment of 'social bridges' may in turn engender other sources of cohesion, such as trust, and the further establishment of support networks and norms (Putnam 1983, 2000).

Table 2.33: Participation in voluntary work: time spent, by age and sex, 1995 and 2000

	1995			2000		
	No. ('000)	Per cent	Average hours/year	No. ('000)	Per cent	Average hours/year
Age group						
18–24	376.0	16.6	135.6	493.3	26.8	122.6
25–34	571.7	20.4	128.0	774.1	27.5	109.2
35–44	863.0	31.7	142.5	1,157.3	40.1	128.3
45–54	614.9	27.7	163.8	897.5	35.4	166.2
55–64	356.4	23.8	208.2	545.5	32.5	255.3
65–74	309.2	23.0	225.1	381.4	30.3	236.2
75+	97.7	14.9	205.8	146.7	17.8	218.0
Sex						
Males	1,522.3	22.9	160.8	2,080.9	30.5	154.4
Females	1,667.1	24.4	160.1	2,314.6	33.0	165.4
Total volunteering	3,189.4	23.6	160.4	4,395.6	31.8	160.2

Note: Voluntary activity includes administration/clerical work/recruitment, befriending/supportive/counselling, coaching/judging/refereeing, fundraising/sales, management/committee work, performing/media production, personal care/assistance, preparing/serving food, repairing/maintenance/gardening, teaching/instruction/providing information, and transporting people and goods (see source for definitions). Voluntary work for the Sydney 2000 Olympic and Paralympic Games is excluded from the data and thus does not account for the higher rate of volunteering in 2000.

Source: ABS 1996b, 2001d.

In 2000, 32% of the Australian population were involved in voluntary work, a rise from 24% in 1995. This increase in volunteering is also found for each age group, and both males and females (Table 2.33). Rates of volunteering varied across age group and sex. In both 1995 and 2000, volunteering was most common among people aged 35–44 years—32% and 40%, respectively. Actual time spent, however, was greater for people over the age of 55 years, who volunteered an average of 200+ hours in both 1995 and 2002. Females were more likely to volunteer than males and, in 2000, devoted slightly more time to voluntary work.

Philanthropy, in this case donations to charitable and non-profit organisations, can be viewed as an adjunct indicator to community engagement, capturing the concept of altruism, which underpins but does not necessarily prompt all voluntary behaviour. Monetary donations in which the donor does not receive any benefit (e.g. prizes from raffle tickets) suggest that the donation is sincerely being made to improve or enhance the circumstances of others. Hence, an indicator capturing such good intent needs to focus only on those donations made for this explicit purpose.

Three-quarters of Australians donated money to charities or non-profit organisations in 2000 (Table 2.34). Females donated at a slightly higher rate than males: 77%, compared with 72%. The age groups 35–44 and 45–54 reported the highest rates of donation (80% each), but the rate was above 70% for all other groups aged over 25 years. Persons aged 18–24 years were the least inclined to donate money. Volunteers (84%) were more likely than non-volunteers (70%) to make donations.

Table 2.34: People who made monetary donations to charities and non-profit organisations, by volunteer status, 2000

	By volunteers		By non-volunteers		Total	
	No. ('000)	Per cent	No. ('000)	Per cent	No. ('000)	Per cent
Age						
18–24	333.5	67.6	806.3	59.7	1,139.7	61.8
25–34	649.1	83.9	1,357.7	66.5	2,006.8	71.3
35–44	996.6	86.1	1,299.6	75.1	2,296.2	79.5
45–54	792.0	88.2	1,224.4	74.9	2,016.4	79.6
55–64	472.0	86.5	829.7	73.1	1,301.7	77.4
65–74	328.6	86.2	586.5	66.7	915.1	72.6
75+	127.2	86.7	467.5	69.2	594.6	72.3
Sex						
Males	1,719.3	82.6	3,165.0	66.6	4,884.3	71.5
Females	1,979.7	85.5	3,406.8	72.6	5,386.4	76.9
Total	3,698.9	84.2	6,571.8	69.6	10,270.7	74.2

Note: A donation was defined as a 'voluntary transfer of funds made in the preceding 12 months by a person, on an individual not a business basis. The donor should not have received any benefit in return. Excludes purchase of goods and raffle tickets but includes door knocks and sponsoring walkathons etc.'

Source: ABS 2001d.

A second indicator of charitable giving focuses on ‘corporate giving’, that is, monetary pledges made by for-profit businesses. In the period 2000–01, 8,370 Australian businesses donated \$585 million to the community sector,¹³ where a donation was defined as an ‘unconditional voluntary transfer(s) of money, goods and services to non-related community organisations or individuals’ (ABS 2002j:12). Such donations were mostly in the form of money (\$334 million), followed by services worth \$173 million and goods worth \$79 million.

Civic engagement

Civic engagement captures participation associated with the political sphere and the administration of clubs and other organisations. This sort of participation may include being an active member of a political party, recent involvement in protest meetings, signing petitions, and/or having a primary role in the running of a community club or organisation (see, for example, Black & Hughes 2001). No current national data are available on civic engagement.

2.5 Future directions

This chapter presents data on 13 indicator topics within three main components of welfare: healthy living; autonomy and participation; and social cohesion. Together these data provide important indications of the welfare of the Australian population, and a backdrop for the following chapters of this report.

The indicator topics vary in terms of the clarity of the underlying concepts, the level of authoritative agreement as to their construction, and the availability of suitable data. This is perhaps particularly the case for the social cohesion component. There is, thus, scope for further development in all these areas, and future reports will reflect these developments.

For each indicator topic there has been an effort to reflect the three different types of measures considered important: average or level; distribution or inequality; disadvantage or social exclusion. The lack of suitable data or authoritative agreement on measurement have, in some cases, limited the ability to present all three types of measure for each indicator topic, and this is another area for further work. Data from the ABS 2002 General Social Survey and 2003 Indigenous Social Survey, not available at the time of preparing this chapter, should enhance future editions. Most indicators are presented in terms of the most recent available, reliable, point-in-time data, with few trends discussed; it will be a goal for future reports to include more trend data.

13 The community sector includes organisations providing activities in arts and culture, community service and welfare, education and training, employment, environment, health, and sports and recreation.

This chapter thus represents the second of three stages of development, in three successive editions of *Australia's Welfare*: in 2001, the development of the frameworks and indicator topics; in 2003, the refinement of the indicators and inclusion of data for all topics; and in 2005, further refinement, new data where available, and more trend analyses.

The AIHW has benefited from discussion of this chapter, and its predecessor in *Australia's Welfare 2001*, with a range of commentators, and continues to welcome comments and suggestions on this area of work.

References

- ABS (Australian Bureau of Statistics) 1995. A directory of concepts and standards for social, labour and demographic statistics. Canberra: ABS.
- ABS 1996a. Australian social trends. Cat. no. 4102.0. Canberra: ABS.
- ABS 1996b. Voluntary work, Australia, 1995. Cat. no. 4441.0. Canberra: ABS.
- ABS 1997. National nutrition survey: selected highlights, Australia. Cat. no. 4802.0. Canberra: ABS.
- ABS 1998a. Australian social trends. Cat. no. 4102.0. Canberra: ABS.
- ABS 1998b. How Australians use their time, 1997. Cat. no. 4153.0. Canberra: ABS.
- ABS 1999. Disability, ageing and carers, Australia: summary of findings. Cat. no. 4430.0. Canberra: ABS.
- ABS 2000a. Housing and infrastructure in Aboriginal and Torres Strait Islander Communities. Cat. no. 4710.0. Canberra: ABS.
- ABS 2000b. Australian social trends. Cat. no. 4102.0. Canberra: ABS.
- ABS 2000c. Australian housing survey—housing characteristics, costs and conditions. Cat. no. 4182.0. Canberra: ABS.
- ABS 2001a. Measuring wellbeing. Cat. no. 4160.0. Canberra: ABS.
- ABS 2001b. Australian social trends. Cat. no. 4102.0. Canberra: ABS.
- ABS 2001c. Year book Australia 2001. Cat. no. 1301.0. Canberra: ABS.
- ABS 2001d. Voluntary work, Australia. Cat. no. 4441.0. Canberra: ABS.
- ABS 2002a. Measuring Australia's progress. Cat. no. 1370.0. Canberra: ABS.
- ABS 2002b. National health survey: summary of results. Cat. no. 4364.0. Canberra: ABS.
- ABS 2002c. Deaths. Cat. no. 3302.0. Canberra: ABS.
- ABS 2002d. Recorded crimes—victims. Cat. no. 4510.0. Canberra: ABS.
- ABS 2002e. Education and training indicators. Cat. no. 4230.0. Canberra: ABS.
- ABS 2002f. Education and work. Cat. no. 6227.0. Canberra: ABS.
- ABS 2002g. Labour force, Australia. Cat. no. 6203.0. Canberra: ABS.

- ABS 2002h. 2001 Census second release (summary publication). Cat. no. 2046.0. Viewed 11 August 2003, <www.abs.gov.au/ausstats/abs%40.nsf/b06660592430724fca2568b5007b8619/7a47659326fb44b3ca256c2900797644!OpenDocument>.
- ABS 2002i. Marriages and divorces. Cat. no. 3310.0. Canberra: ABS.
- ABS 2002j. Generosity of Australian businesses. Cat. no. 8157.0. Canberra: ABS.
- ABS 2002k. Census of population and housing: selected social and housing characteristics, Australia, 2001. Cat. no. 2015.0. Canberra: ABS.
- ABS 2003a. Household income and income distribution. Cat. no. 6523.0. Canberra: ABS.
- ABS 2003b. Australian social trends. Cat. no. 4102.0. Canberra: ABS.
- ABS 2003c. Information paper – use of the Kessler Psychological Distress Scale in ABS health surveys. Cat. no. 4817.0.55.001. Canberra: ABS.
- ABS 2003d. Crime and safety. Cat. no. 4509.0. Canberra: ABS.
- ABS 2003e. Recorded crime – victims, Australia. Cat. no. 4510.0. Canberra: ABS.
- ABS 2003f. Schools. Cat. no. 4221.0. Canberra: ABS.
- ABS 2003g. Average weekly earnings, February 2003. Cat. no. 6302.0. Canberra: ABS.
- ABS 2003h. 2001 Census time series profiles (main areas (locations) (spreadsheet). Table T04 Age by social marital status by sex. Viewed 3 June 2003, <www.abs.gov.au/ausstats/abscensus2.nsf/Census_TSP_ASGC_ViewTemplate?ReadForm&Expand=1>.
- ABS 2003i. Prisoners in Australia, 2002. Cat. no. 4517.0. Canberra: ABS.
- ABS & AIHW (Australian Institute of Health and Welfare) 2003. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. ABS Cat. no. 4704.0. Canberra: ABS.
- ABS: McColl B, Pietsch L & Gatenby J 2001. Household income, living standards and financial stress. In: Australian economic indicators June 2001. Cat. no. 1350.0. Canberra: ABS.
- ABS: Northwood K, Rawnsley T & Chen L 2002. Experimental estimates of the distribution of households wealth, Australia, 1994–2000. Working papers in econometrics and applied statistics. Working Paper no. 2002/1. Canberra: ABS.
- ACA (Australian Communications Authority) 2002. Telecommunications performance report 2001–02. Viewed 27 March 2003, www.aca.gov.au/aca_home/publications/reports/reports/performance/2001-02/report.htm>.
- Affordable Housing National Research Consortium 2001. Affordable housing in Australia: pressing need, effective solution. Viewed 29 September 2003, <www.communityhousing.org.au/training%20&%20resourcing/Publications/Reports_Fed/full%20reports/Community%20Housing%20Inquiry%20Submission/Appendices/D1%20Affordable%20Housing%20National%20Research%20Consortium.pdf>

- AIC (Australian Institute of Criminology) 2002. Australian crime: facts and figures. Canberra: AIC.
- AIHW (Australian Institute of Health and Welfare) 1997. Australia's welfare 1997: services and assistance. Canberra: AIHW.
- AIHW 1999. Australia's welfare 1999: services and assistance. Canberra: AIHW.
- AIHW 2000. Australia's health 2000. Canberra: AIHW.
- AIHW 2001a. Australia's welfare 2001. Canberra: AIHW.
- AIHW 2001b. Heart, stroke and vascular diseases—Australian facts 2001. Cardiovascular Disease Series no. 14. Cat. no. CVD 13. Canberra: AIHW, National Heart Foundation of Australia, National Stroke Foundation of Australia.
- AIHW 2002. Australia's health 2002. The eighth biennial health report of the AIHW. Canberra: AIHW.
- AIHW 2003a (forthcoming). Indicators of Australia's welfare: development and discussion. Canberra: AIHW.
- AIHW 2003b. Indicators of health risk factors: the AIHW view. Cat. no. PHE 47. Canberra: AIHW.
- AIHW 2003c. Child protection Australia 2001–02. Child Welfare Series no. 32. Cat. no. CWS 20. Canberra: AIHW.
- AIHW: de Looper M & Bhatia K 2001. Australian health trends 2001. Cat. no. PHE 24. Canberra: AIHW.
- AIHW: Karmel R 1998. Housing assistance: reports on measurement and data issues. Welfare Division Working Paper no. 17. Canberra: AIHW.
- AIHW: Mathers C, Vos T & Stevenson C 1999. The burden of disease and injury in Australia. Cat. no. PHE 17. Canberra: AIHW.
- Allardt E 1975. Dimensions of welfare in a comparative Scandinavian study. Research Group for Comparative Sociology. Research Report no. 9. Helsinki: University of Helsinki.
- Amato P 1998. More than money? Men's contribution to their children's lives. In: Booth A & Creuter A (eds). Men in families: when do they get involved? What difference does it make? New Jersey: Lawrence Erlbaum, 241–78.
- Andrews G, Hall W, Teesson M & Henderson S 1999. The mental health of Australians. Canberra: Commonwealth Department of Health and Family Services.
- Anheier HK & Kendall J 2000. Trust and voluntary organisations: three theoretical approaches. Civil Society Working Paper 5. Centre for Civil Society, London School of Economics, London. Viewed 18 April 2003, <www.lse.ac.uk/Depts/CVO/pdf/CSWP5web-version.PDF>.
- Baum FE, Bush RA, Modra CC, Murray CH, Cox EM, Alexander KM, et al. 2000. Epidemiology of participation: an Australian community study. *Journal of Epidemiology and Community Health* 54:414–23.

- Berger-Schmitt R 2000. Social cohesion as an aspect of the quality of societies: concept and measurement. EuReporting Working Paper no. 14, Subproject 'European System of Social Indicators'. Mannheim: Centre for Survey Research and Methodology (ZUMA).
- Berger-Schmitt R & Noll H-H 2000. Conceptual framework and structure of a European system of social indicators. EUReporting Working Paper no. 9, Subproject 'European System of Social Indicators'. Mannheim: Centre for Survey Research and Methodology (ZUMA).
- Black A & Hughes P 2001. The identification and analysis of indicators of community strength and outcomes. FaCS Occasional Paper no. 3. Canberra: FaCS.
- Boisjoly J, Duncan GJ & Hofferth S 1995. Access to social capital. *Journal of Family Issues* 16:609-31.
- Bray JR 2001. Hardship in Australia: an analysis of financial stress indicators in the 1998-99 Australian Bureau of Statistics Household Expenditure Survey. FaCS Occasional Paper No. 4. Canberra: FaCS.
- BTRE (Bureau of Transport and Regional Economics) 2002. Regional public transport in Australia: long-distance services, trends and projections. Working Paper no. 51. Viewed 16 June 2003, <www.btre.gov.au/docs/wp_51/wp51p1.pdf>.
- Cassel J 1976. The contribution of the social environment to host resistance. *American Journal of Epidemiology* 104(2):107-23.
- Chamberlain C 1999. Counting the homeless: implications for policy development. Cat. no. 2041.0. Canberra: ABS.
- Coleman J 1988. Social capital in the creation of human capital. *American Journal of Sociology* 94(S):95-120.
- Commonwealth Advisory Committee on Homelessness 2001. Working towards a national homelessness strategy. Canberra: Department of Family and Community Services.
- Cote S & Healy T 2001. The wellbeing of nations: the role of human and social capital, education and skills. Paris: OECD.
- Cox E & Caldwell P 2000. Making policy social. In: Winter I (ed.). *Social capital and public policy in Australia*. Melbourne: Australian Institute of Family Studies, 43-73.
- Craig G & Mayo M 1995. *Community empowerment: a reader in participation and development*. London: Zed Books.
- DEST (Department of Education, Science and Training) 2002. National literacy and numeracy plan. Viewed 18 February 2003, <<http://www.dest.gov.au/schools/Literacy&Numeracy/index.htm>>.
- Dreosti I 2003. Eat plenty of vegetables, legumes and fruit. In: NHMRC. *Dietary guidelines for Australian adults*. Canberra: Commonwealth of Australia, 17-29.
- EPAV (Environment Protection Agency Victoria) 2000. Melbourne mortality study: effects of ambient air pollution on daily mortality in Melbourne. Publication 709. Melbourne: EPAV.

- Flitcraft A 1997. Learning from the paradoxes of domestic violence. *Journal of the American Medical Association* 277(17):1400-01.
- Fukuyama F 1995. *Trust: the social virtues and the creation of prosperity*. London: Hamish Hamilton.
- Furstenburg FF & Hughes ME 1995. Social capital and successful development among at-risk youth. *Journal of Marriage and the Family* 57:580-92.
- Goldberg RW, Rollins AL & Lehman AF 2003. Social network correlates among people with psychiatric disabilities. *Psychiatric Rehabilitation Journal* 26(4):393-402.
- Green A 2003. Social capital and social cohesion: the relationships between them, how you measure them and the differential effects of education on each. Paper presented at Measurement for Policy: A Workshop on Social Capital Measurement, Budapest, 21-23 May.
- HREOC (Human Rights and Equal Opportunity Commission) 1995. Decision No. H95/51. Viewed 6 August 2003, <www.hreoc.gov.au/disability_rights/decisions/comdec/1995/dd000050.htm>.
- HREOC 1997. *Bringing them home. Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*. Sydney: HREOC.
- Hughes P & Black A 2003. Social capital and family life: evidence from the Australian community survey. Paper presented at the Australian Institute of Family Studies Conference, Melbourne, 12-14 February.
- Hughes P, Bellamy J & Black A 2000. Building social trust through education. In: Winter I (ed.). *Social capital and public policy in Australia*. Melbourne: AIFS, 225-49.
- James M 1994. Child abuse and neglect: incidence and prevention. *Issues in Child Abuse Prevention* no. 1. AIFS, Melbourne. Viewed 10 June 2003, <www.aifs.org.au/nch/issues1.html>.
- Karlsson J, Taft C, Sjostrom L, Torgerson JS & Sullivan M 2003. Psychosocial functioning in the obese before and after weight reduction: construct validity and responsiveness of the obesity-related problems scale. *International Journal of Obesity and Related Metabolic Disorders* 27(5):617-30.
- Lewis PR, Hensley MJ, Wlodarczyk J, et al. 1998. Outdoor air pollution and children's respiratory symptoms in the steel cities of New South Wales. *Medical Journal of Australia* 169:459-63.
- McDonald P 1995. *Families in Australia: a socio-demographic perspective*. Melbourne: AIFS.
- McDonald P 2003. Transformations in the Australian family. In: Khoo S-E & McDonald P (eds). *The transformation of Australia's population 1970-2030*. Sydney: UNSW Press, 77-103.
- Magarey A, Daniels LA & Boulton TJC 2001. Prevalence of overweight and obesity in Australian children and adolescents: reassessment of 1985 and 1995 data against new standard international definitions. *Medical Journal of Australia* 174:561-64.

- Manins P, Allan R, Beer T, et al. 2001. Atmosphere: Australian state of the environment report, 2001 (theme report). Canberra: CSIRO.
- MCEETYA (Ministerial Council on Education, Employment, Training and Youth Affairs) 2000a. National report on schooling in Australia 2000a. Viewed 18 February 2003, <www.curriculum.edu.au/anr/>.
- MCEETYA 2000b. National report on schooling in Australia: preliminary paper. National benchmark results: reading and numeracy Year 3 and 5. Viewed 19 February 2003, <www.curriculum.edu.au/mctyapdf/2000_benchmarks.pdf>.
- Morgan G 2000. Air quality and health risk. In: Beer T (ed.). Air pollution and health risk. Melbourne: CSIRO and Clean Air Society of Australia and New Zealand, 101–16.
- NEPC (National Environment Protection Council) 1998. National environment protection measure for ambient air quality. Environment Protection and Heritage Council, Adelaide. Viewed 12 May 2003, <www.ephc.gov.au/pdf/Air_Quality_NEPM/air_nepm0698.pdf>.
- NHMRC (National Health and Medical Research Council) 2003. Dietary guidelines for Australian adults. Canberra: Commonwealth of Australia.
- NHMRC & ARMCANZ (Agriculture and Resource Management Council of Australia and New Zealand) 1996 (updated September 2001). Australian drinking water guidelines (pdf version). Viewed 13 May 2003, <www.nhmrc.gov.au/publications/pdf/eh19.pdf>.
- NHPC (National Health Performance Committee) 2002. National report on health sector performance indicators 2001. Brisbane: Queensland Health.
- NRMA (National Roads and Motorists' Association) 2003. Vehicle operating costs—private ownership. Viewed 20 June 2003, <www.mynrma.com.au/motoring/cars/buying_and_selling/new_car/maintenance/operating_costs/op_new.shtml?category=3>.
- NSW EPA (New South Wales Environment Protection Authority) 2000. The NSW State of the Environment 2000. Viewed 26 March 2003, <www.epa.nsw.gov.au/soe/soe2000/index.htm>.
- OECD (Organisation for Economic Co-operation and Development) 2000. Literacy in the information age. Final report of the international adult literacy survey. Paris: OECD.
- OECD 2001a. Health at a glance. Paris: OECD.
- OECD 2001b. Understanding the digital divide. Viewed 27 March 2003, <www.oecd.org/pdf/M00002000/M00002444.pdf>.
- OECD 2002. Society at a glance. OECD Social Indicators. Paris: OECD.
- OECD 2003. Society at a glance. OECD Social Indicators. Paris: OECD.
- Papadakis E 1999. Constituents of confidence and mistrust in Australian institutions. *Australian Journal of Political Science* 34(1):75–93.
- Putnam R 1993. Making democracy work: civic traditions in modern Italy. New Jersey: Princeton University Press.

- Putnam R 2000. *Bowling alone: the collapse and revival of American community*. New York: Simon & Schuster.
- Rosenfeld ER 1997. *Social support and health status: a literature review*. Adelaide: South Australian Community Health Research Unit.
- Ross W 1999. *Personal mobility or community accessibility: a planning choice with social, economic and environmental consequences*. Murdoch University, Perth. Viewed 27 March 2003, <www.wistp.murdoch.edu.au/publications/projects/wross/wross.html>.
- Sanson A & Lewis V 2001. Children and their family contexts. *Family Matters* 59:4–9.
- Saunders P 2003. *The meaning and measurement of poverty: towards an agenda for action*. Submission to the Senate Community Affairs Committee—Inquiry into poverty and financial hardship. Social Policy Research Centre. Viewed 30 July 2003, <www.aph.gov.au/senate/committee/clac_ctte/poverty/index.htm>.
- Sawyer MG, Arney FM, Baghurst PA, et al. 2000. *The mental health of young people in Australia. Child and adolescent component of the national survey of mental health and wellbeing*. Canberra: Department of Health and Aged Care.
- SIGNAL 2001. *Eat well Australia: an agenda for action for public health nutrition 2000–2010*. National Public Health Partnership, Melbourne. Viewed 19 February 2003, <www.nphp.gov.au/signal/eatwell1.pdf>.
- Simpson RW, Williams G, Petroschevsky A, et al. 1997. Associations between outdoor air pollution and daily mortality in Brisbane, Australia. *Archives of Environmental Health* 52(6):442–54.
- Simpson RW, Williams G, Petroschevsky A et al. 2000. Air quality and health risks in Brisbane. In: Beer T (ed.). *Air pollution and health risk*. Melbourne: CSIRO and Clean Air Society of Australia and New Zealand, 79–90.
- SSDA (Social Science Data Archives) 2001. *The Australian constitutional referendum study, 1999. User's Guide for the Machine Readable Data File (SSDA Study no. 1018)*. Canberra: SSDA, Australian National University.
- Stone W & Hughes J 2002. *Social capital: empirical meaning and measurement validity*. Research Paper no. 27. Melbourne: AIFS.
- TDC (Transport Data Centre) 2002. *Sydney travels*. Department of Transport NSW. Viewed 16 June 2003, <www.transport.nsw.gov.au/tdc/pdfs/syd_travels_02pdf>.
- UN (United Nations) 1948. *Declaration of human rights, article 24*. New York: UN.
- WHO (World Health Organization) 1946. *Constitution of the WHO*. Reprinted in: *Basic documents* (37th edn). Geneva: WHO.
- WHO 2000. *Obesity: preventing and managing the global epidemic*. WHO Technical Report Series, no. 894. Geneva: WHO.
- WHO 2001. *International classification of functioning, disability and health*. Geneva: WHO.