

## Summary

### Populations of concern

There is a great deal of information in the text, tables, maps and graphs describing the indicators that the Department for Communities and Social Inclusion, the Department for Health and Ageing and members of the six communities may wish to respond to, or use to set up new projects or expand supportive initiatives already in place. Having worked with these data for some time, we suggest focusing on the following groups across the populations in these communities, where there is some clustering of the indicators:

- children (including children who live in jobless families; developmental vulnerability in the first year of school; and low NAPLAN scores in numeracy in Year 3 of school);
- young people (including early school leavers, and those who are unemployed; without Internet access at home; those not participating in secondary school or VET programs; and those not learning or earning);
- adults (without access to the Internet at home; relatively large numbers of people living with a disability, or dependent on the Age Pension; high or very high prevalence of psychological distress, and obesity; and premature mortality);
- disadvantaged households (under financial stress from rent or mortgage payments; welfare dependent; high levels of disability; high or very high prevalence of psychological distress; no Internet access at home in up to one in three households; inability to get support in times of crisis from outside the household, and limited participation in volunteering in the community).

### Opportunities and strengths

This atlas provides little direct encouragement by way of positive data in the indicators presented. However, as noted elsewhere, each of the numbers, percentages or rates for an area is comprised of data about many individuals, whose outcomes under these measures range from below the average, to above the average. There are, therefore, positive outcomes for many people

living in these communities, showing what can be achieved, given the appropriate family, community, government and societal support; and evidence of many residents contributing actively to their communities through employment and business, sport and leisure activities, and volunteering informally and with organisations.

### Challenges where further effort needed

The extent of developmental vulnerability on one or more domains of the AEDC is substantially higher in a number of these communities. Opportunities to improve the early development of young children further, especially through targeted, subsidised, high quality preschool programs should be considered, and are likely to improve their readiness to learn at school entry and beyond. Psychosocial support early in pregnancy, extending to parenting and related support for families in need should be available in the home and in culturally responsive and inclusive settings. Similarly, the number of students in Year 3 with NAPLAN numeracy scores below the national minimum standard is generally higher than the average for the State, an outcome that needs addressing.

Women with low educational attainment and no Internet access at home, face substantial barriers to finding employment. Increased rates of high or very high levels of psychological distress and obesity, and above-average rates of premature mortality also contribute to their poorer health and wellbeing, the likelihood of living in low income, welfare-dependent and jobless households, and financial stress from rent or mortgage payments. Interventions to increase women's proficiency in English, and improve their educational outcomes, skills and training, should enhance their chances to participate in the workforce, if also supported by affordable, good quality child care. Access to the Internet and better health literacy will also provide greater understanding of their health and that of their children, as will timely access to culturally responsive primary health care. Other services to reduce social isolation and the stress of unsupported parenthood, and to respond to family

violence will also be needed to overcome women's loneliness, psychological distress and mental health problems.

Men who are unemployed and unskilled, and have poor proficiency in English and no access to the Internet at home, also face additional challenges in finding employment. Rates of poorer health and wellbeing are reflected in higher than average rates of smoking, risky alcohol use, and obesity, which contribute to high rates of premature mortality, chronic physical and mental ill health and disability for men.

There are higher proportions of households, which are significantly disadvantaged because of lack of employment, welfare dependency, lack of transport, insecure housing, financial stress from rent or mortgage payments, and high levels of disability. We know that such households are also more likely to experience difficulty in accessing services, and delay attending medical consultations or purchasing prescribed medications because of the costs, compared to the State average. Wider economic factors such as the development of new industries and technologies that will provide employment, income support, bulk-billing for health services, and rent and housing subsidies are all critical components to assist communities, who are currently 'doing it tough'.

Inequalities in outcomes span generations and populations, so it is important to consider the differences across all population subgroups. Examining patterns in disaggregated data, such as those represented by the indicators in this atlas, helps to identify the most appropriate approaches to tackling avoidable inequalities. Interventions, particularly those that focus on the determinants of health, learning, development and wellbeing, and which address the lack of opportunities that many other households in the State already enjoy, are needed across the life course, to ensure that all residents can lead flourishing, productive and fulfilled lives, and contribute to a sustainable and prosperous future for these and other South Australian communities.

## Findings from the correlation analysis

A correlation analysis was undertaken at the PHA level in Adelaide, and at the Local Government Area (LGA) level: one for LGAs in Adelaide, and another for LGAs in Regional South Australia. The tables containing the correlation coefficients can be found at the end of this Summary section.

The first impression of the results of the correlation analysis for PHAs in Adelaide is the dark shading across much of the table, indicating the extent of the very strong associations across the majority of indicators (Table 42). Of particular note is the strong association between poor outcomes in measures of wellbeing and health (high rates premature mortality, of smoking and of obesity) and of indicators of disadvantage (high rates of unemployment; high proportions of children in jobless families, of children facing difficulties on starting school and in their early school years; and of adults with low educational levels). Table 43 shows a similar outcome for LGAs in Adelaide.

At the LGA level in Regional South Australia, there are fewer very strong associations, in part as a result of the smaller populations in these sparsely settled areas. However, many of the associations noted above for Adelaide are also evident at the LGA level in Regional South Australia (Table 44).

## Changes over time

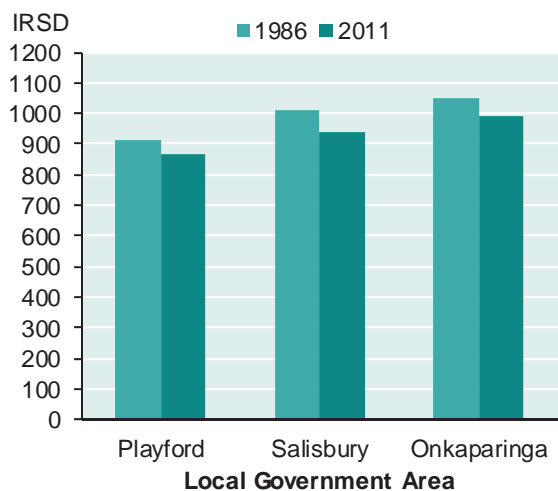
Figure 50 through to Figure 53, below, present selected indicators from the 1986 and 2011 Censuses, and deaths' registrations, to provide a snapshot of changes that have occurred over time in the Playford, Salisbury and Onkaparinga LGAs. It is interesting to note that, although the proportions and rates have increased or decreased over time for each indicator, the overall difference between the areas for each indicator remains much the same (i.e., the area with the highest rate in the first period remains the highest in the latter period).

Most clearly, we can see:

- a marked increase in the participation of 16 year olds in full-time education;

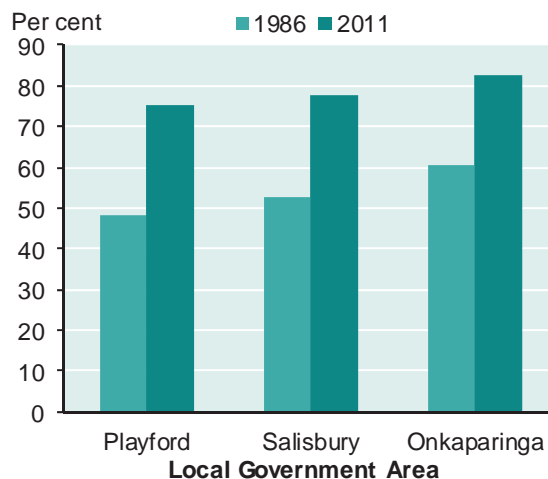
From 1986 to 2011, the IRSD scores for Playford, Salisbury and Onkaparinga LGAs have decreased, indicating a decrease, relative to the level in Australia, in the overall level of socioeconomic disadvantage in these areas over this period.

**Figure 50: Index of Relative Socio-economic Disadvantage, 1986 and 2011**



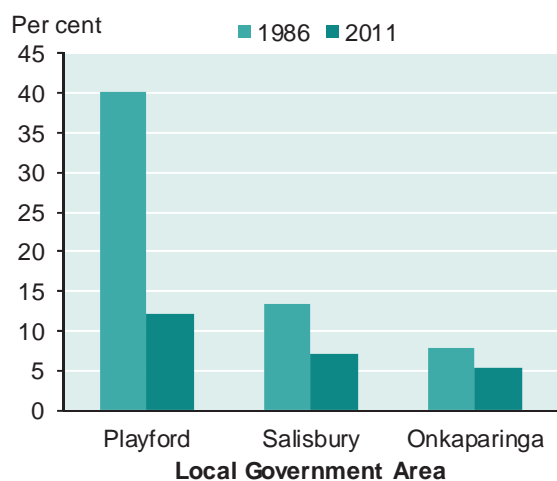
Full-time participation in education increased substantially in the Playford, Salisbury and Onkaparinga LGAs between 1986 and 2011. Playford had the largest increase during this period with 57%, followed by Salisbury (48%) and Onkaparinga (36%).

**Figure 51: Full-time participation in education at 16 years old, 1986 and 2011**



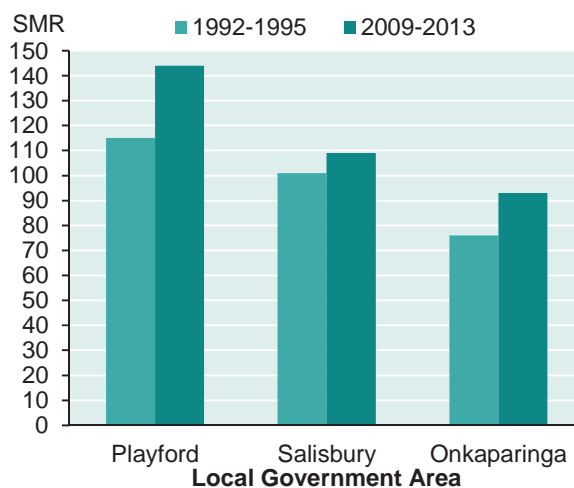
A decrease in the proportion of houses being rented from Housing SA was evident for all three LGAs between 1986 and 2011. The decrease in the Playford LGA was a substantial 70%, with marked decreases of 48% in Salisbury, and 33% in Onkaparinga.

**Figure 52: Housing rented from Housing SA, 1986 and 2011**



An increase in the standardised mortality ratio (SMR) for premature mortality from all causes is evident across the three LGAs. Between 1992-95 and 2009-13, the SMRs have increased by 25% in Playford, 22% in Onkaparinga and 8% in Salisbury.

**Figure 53: Premature mortality (0.74 years) from all causes, 1992-95 and 2009-13**



Sources: Data for 1986 and 2011 from ABS Population Censuses; premature mortality rates calculated from death registration data

- a substantial reduction in the stock of rental accommodation provided by the State Government; and
- a notable increase in premature mortality in these three communities (in comparison with

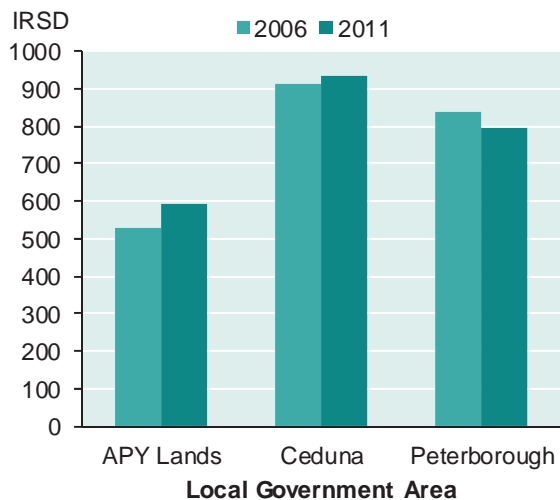
the State as a whole), despite there being an overall reduction in premature mortality over this period of 40% in South Australia.

The same indicators are shown for the Anangu Pitjantjatjara Aboriginal Community and the Ceduna and Peterborough LGAs in Figure 54 to Figure 57. These show that the

Anangu Pitjantjatjara Aboriginal Community is the most disadvantaged of these three areas, and has the highest premature mortality rate, a rate which has shown a marked increase.

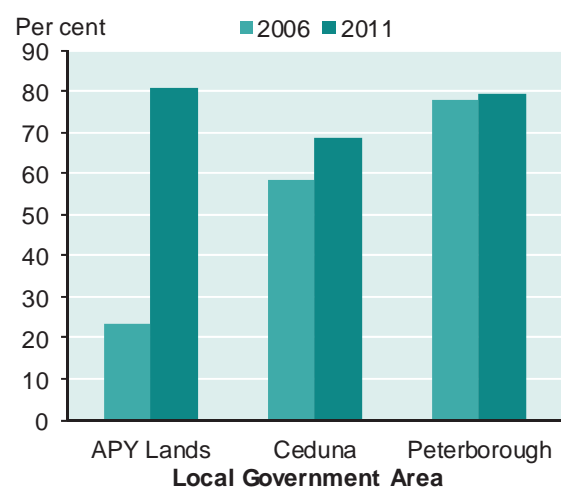
From 1986 to 2011, the IRSD scores for the APY Lands and Ceduna have increased slightly, indicating a reduction, relative to the level in Australia, in the overall level of socioeconomic disadvantage in these areas. In Peterborough, the graph indicates a small relative increase in disadvantage.

**Figure 54: Index of Relative Socio-economic Disadvantage, 2006 and 2011**



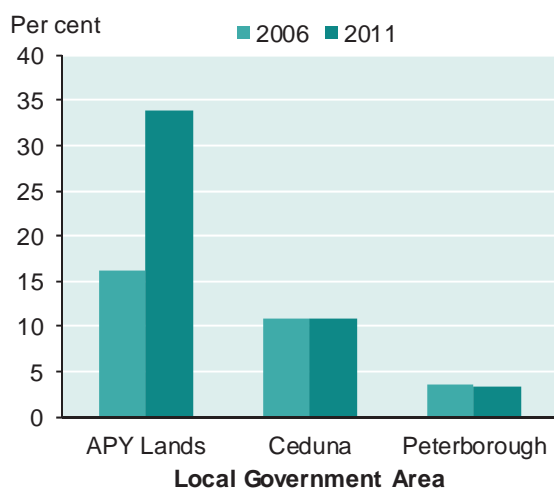
Full-time participation in education at age 16 increased substantially (by over three times the 1986 level) in the APY Lands, with smaller increases in Ceduna (18%) and Peterborough (2%); both of these LGAs had higher rates in 1986 than was the case for the APY Lands.

**Figure 55: Full-time participation in education at 16 years old, 2006 and 2011**



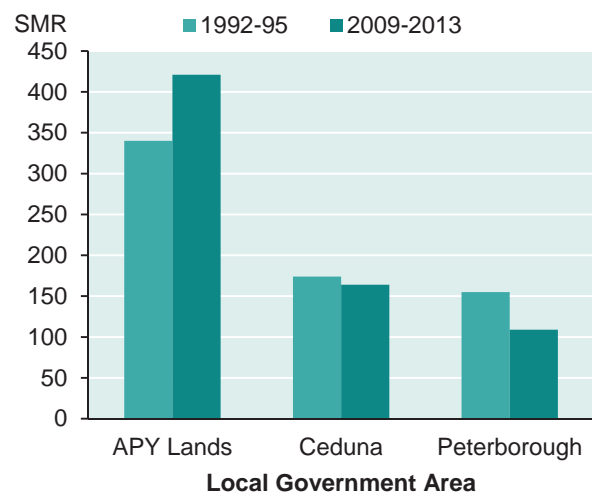
The proportion of houses being rented from Housing SA in the APY Lands more than doubled between 1986 and 2011. The proportions in Ceduna remained the same, whereas there was a small (8%) decline in Peterborough.

**Figure 56: Housing rented from Housing SA, 2006 and 2011**



There has been a marked increase (24%) in the standardised mortality ratio (SMR) for premature mortality from all causes in the APY Lands. The SMRs in Ceduna and Peterborough decreased by 6% and 30%, respectively.

**Figure 57: Premature mortality (0-74 years) from all causes, 1992-95 and 2009-13**



Sources: Data for 1986 and 2011 from ABS Population Censuses; premature mortality rates calculated from death registration data

The substantial increases in full-time participation in secondary education of young people at 16 years of age, and in the proportion of dwellings rented from Housing SA are positive indicators for the Anangu Pitjantjatjara Aboriginal Community, and for others who have worked to achieve these outcomes.

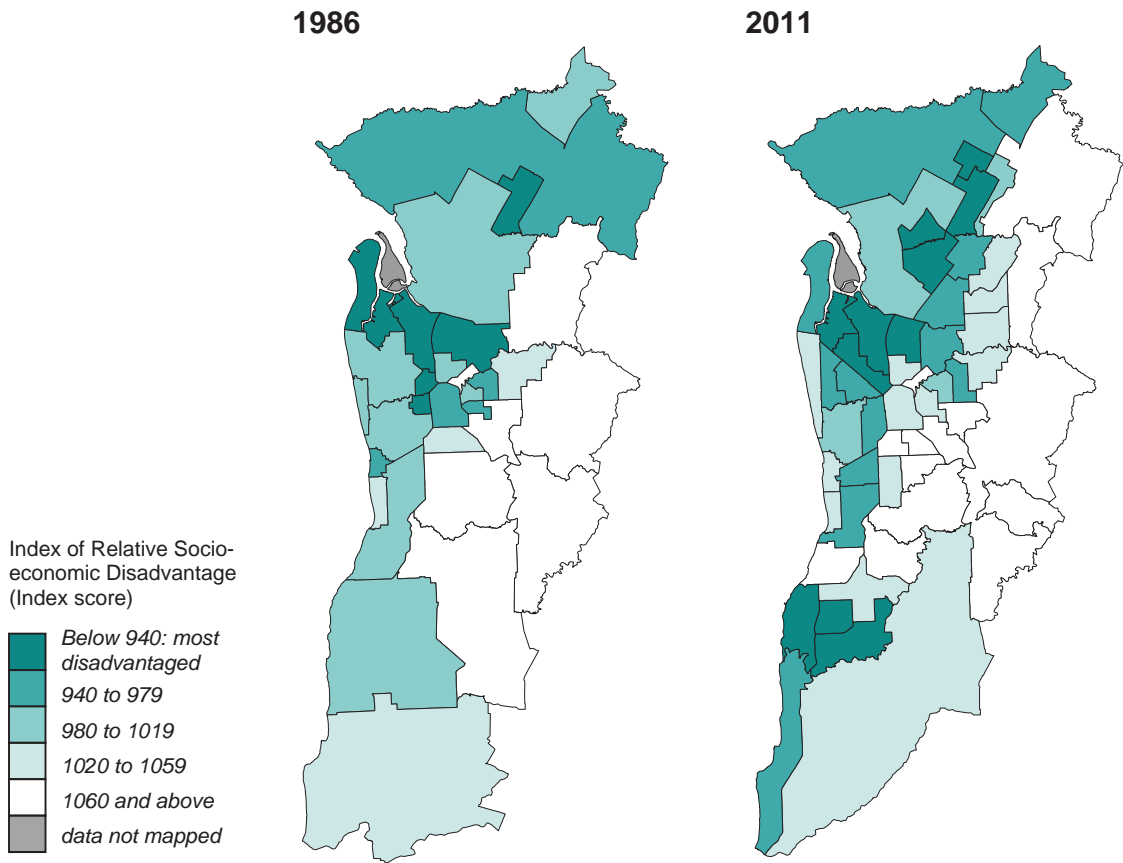
The maps for Adelaide reinforce the findings in this atlas that, after twenty-five years or more, these LGAs, and particular areas within the LGAs, remain the ones with the greatest level of disadvantage, and with the poorest outcomes in health and wellbeing (as measured by premature mortality).

The increase in full-time participation in secondary education of young people at 16 years of age shows the widespread nature of this major improvement across Adelaide; however, despite these substantial improvements, a few areas in the outer north, north-west and outer south of Adelaide continue to have the poorest outcomes under this measure.

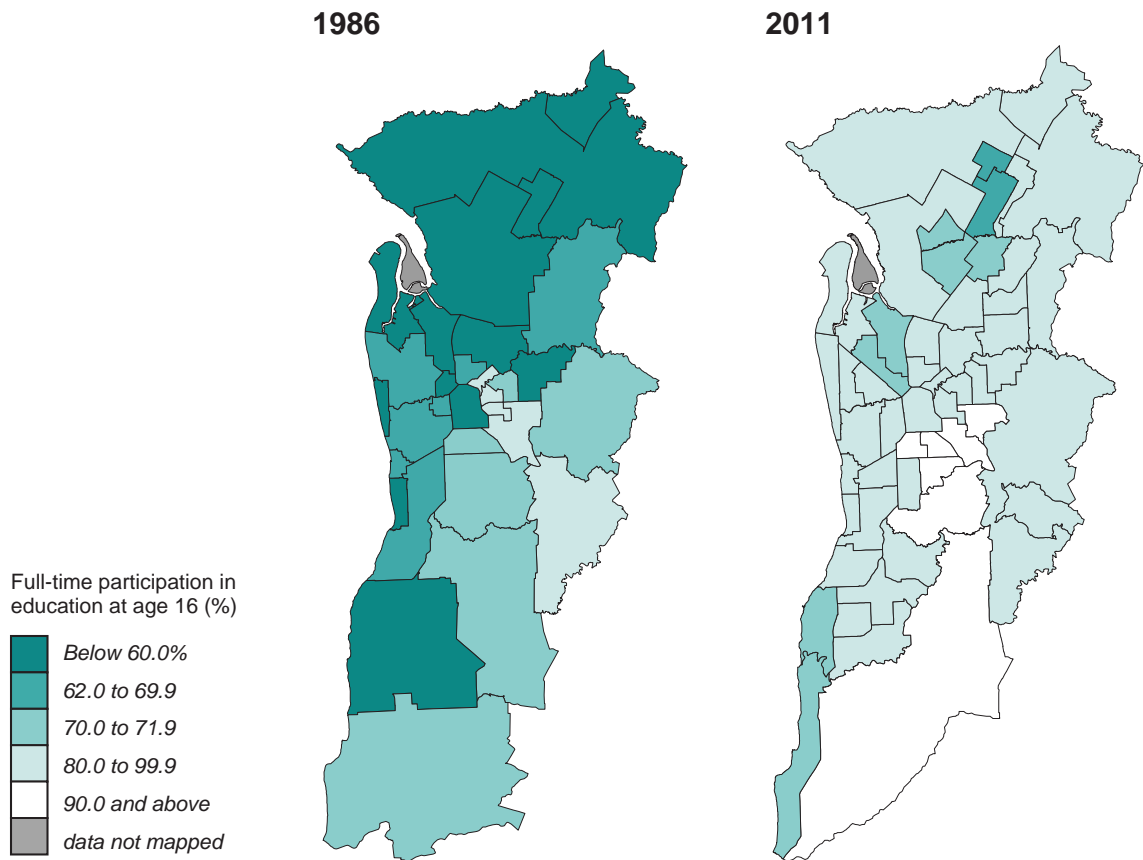
Further, despite the overall lower premature mortality rates, a larger area of Adelaide has rates in the highest range mapped. This shows that the gap between areas with high and those with low premature mortality rates has widened.

These time series' data remind us that approaches that lead to improvements in wellbeing for communities and across generations require sustained, long-term approaches within a clear, overall policy framework. They also show that beneficial change is possible, and can and does occur.

**Map 41: Index of Relative Socio-economic Disadvantage, 1986 and 2011**

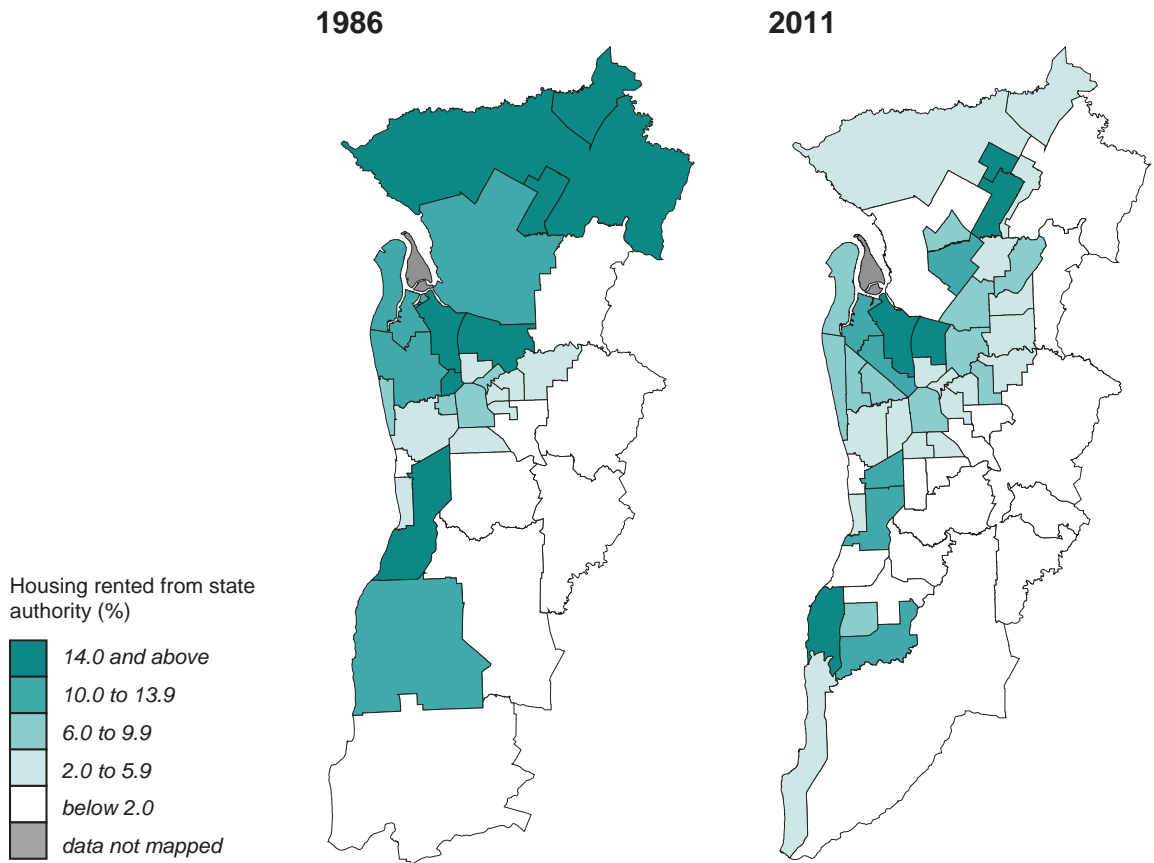


**Map 42: Full-time participation in education at age 16, 1986 and 2011**

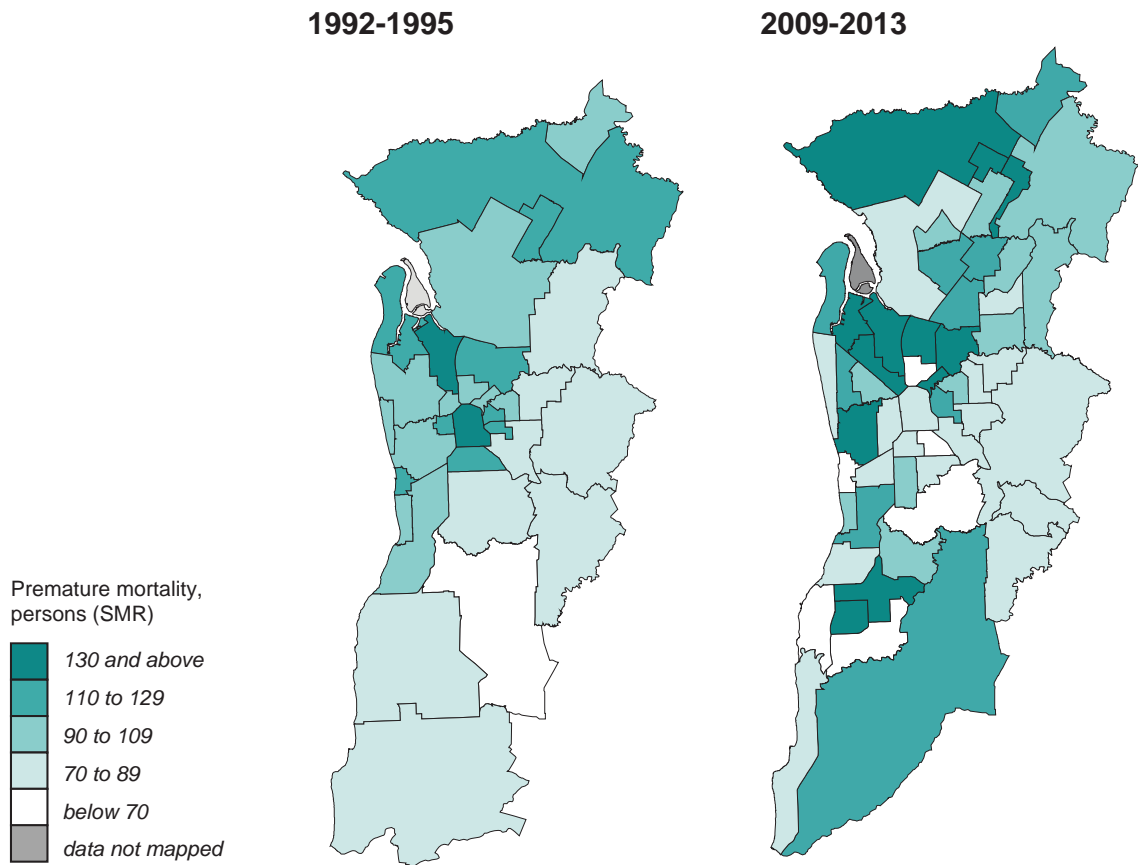


Sources: Data for 1986 and 2011 from ABS Population Censuses; premature mortality rates calculated from death registration data

**Map 43: Housing rented from Housing SA, 1986 and 2011**



**Map 44: Premature mortality from all causes, 1992-1995 and 2009-2013**



Sources: Data for 1986 and 2011 from ABS Population Censuses; premature mortality rates calculated from death registration data

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