

Section 1

Context and purpose

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Introduction

The social and economic environment is a major determinant of population wellbeing in Australia. Over the last thirty years, numerous reports and studies have highlighted substantial variations in the wellbeing of the Australian population, and the gap between those who are 'doing well' and those who are not.^{1-4,13} These differences, or inequalities, are readily apparent across Australian capital cities, and rural and remote communities in the rest of the nation.

Those who are the most disadvantaged members of our community are more likely to experience poorer health and wellbeing, social exclusion and fewer chances of having fulfilled and healthy lives. There is mounting evidence of the significant impact of both economic and social inequalities on various groups in society, and government and community concern about the need to address them.

This atlas describes the extent and significance of inequalities in health and social inclusion across Australia, particularly those associated with wider social and economic influences. It was produced by the Public Health Information Development Unit (PHIDU) at The University of Adelaide, for the Australian Government Department of Health. The national Social Health Atlas series is now in its third edition (1992, 1999 and 2012), reflecting recognition within the federal health sector over two decades, of the impact of socioeconomic disadvantage on health and wellbeing. In other areas of government, there is also acknowledgement of the interplay of disadvantage in all its forms, and the avoidable differences in wellbeing that can result.

The atlas again highlights where further effort is needed to improve wellbeing and social inclusion within the population, both for individuals and for communities, across the life course.

Background to the atlas

The Australian Government Department of Health commissioned this atlas in 2010 to have a focus on social exclusion and the role of the health sector in contributing towards social inclusion. However, the final publication of the atlas was delayed in the lead up to, and following the change of government in 2013. While the discussion, references, indicators and data reflect the context of this earlier period, there is much in the atlas which remains relevant, and it is now being published online for the first time.

Disadvantage is often the result of multiple, complex and interconnected barriers to participation; and certain people tend to be at higher risk of social exclusion. A number of priority groups have been identified, using evidence about the causes and consequences of social and economic disadvantage:

- jobless families with children;
- children at greatest risk of long-term disadvantage;
- people affected by homelessness;
- people living with disability or mental illness, and their carers;
- Aboriginal and Torres Strait Islander peoples;
- vulnerable new arrivals and refugees; and
- neighbourhoods and communities affected by entrenched and multiple disadvantage.

Within the health sector, there is a need to address the impact of disadvantage, social exclusion and inequality on the population's health and wellbeing, particularly in the area of chronic disease development; and to find opportunities to link social and economic policy in order to reduce differences in wellbeing and social inclusion across the population, especially for vulnerable groups.

Overview of the atlas

Our health and wellbeing are the products of many different influences, which interact in complex ways. Some factors include individual characteristics such as the genes that we inherit from our parents, and aspects of our own beliefs, behaviours and coping abilities. Other important effects operate within the contexts of our families, friends and peers, neighbourhoods, communities, culture and kinship groups, and society as a whole.

The purpose of the atlas is to understand the impact that social, physical, environmental and economic factors can have on health, wellbeing and social inclusion, and to describe their distribution across the Australian population. This reflects the growing awareness of the multidimensional nature of both health and social exclusion.^{5,6} There are different types and levels of exclusion; people may move in and out of disadvantage over time; and one can track the kinds of factors, which shape the different dynamics affecting various groups.^{5,6} The domains or dimensions of social exclusion include material resources; education and skills; socioeconomic position; employment; health and disability; and social, community and personal safety.⁵

There is a need to understand better the complex interactions between individuals and their families, the pressures exerted by their environments and social structures over a lifetime, and how these factors influence the wellbeing, development and ultimately, the full participation of current and future generations of Australians in society. It is also important to plan for, implement and monitor effective policies and interventions to address their effects.

One way of doing this is to choose a number of indicators to describe the levels of different aspects of wellbeing of the population at the present time and, by using them, to highlight the extent of existing inequalities and the elements that influence wellbeing over the life course.

Indicators are useful for:

- informing people about social issues, including access to and outcomes in health and related sectors;
- monitoring these issues to identify change, both between groups in the population, and over time; and
- assessing progress towards goals and targets, or the attainment of policy objectives.

These purposes suggest that indicators need to:

- reflect the values and goals of those who will use and apply them;
- be accessible and reliably measured in all of the populations of interest;
- be easily understood, particularly by those who are expected to act in response to the information;
- be measures over which we have some control, individually or collectively, and are able to change; and
- move governments and communities to action.

Indicators typically used to evaluate the extent of social exclusion also relate to health, education, incomes, attachment to the labour market and access to housing and other services. It is important to measure changes in social inclusion and/or exclusion accurately so that progress in reducing social exclusion can be assessed; and to determine whether there are particular groups who are continuing to be socially excluded or whether there are groups that are becoming newly excluded. This measurement can occur at a fairly high geographic level (e.g., national; state; urban versus rural), for specific fairly small geographic areas (e.g., Statistical Local Area (SLA) or postcode), or for particular population groups (e.g., Aboriginal and Torres Strait Islander

peoples, older people, new migrants, children and young people).

The indicators of inequalities in wellbeing and social inclusion presented in this atlas and on the World Wide Web have been selected because they describe the extent of differences in service access, participation and outcomes, in the context of the demographic and socioeconomic composition of Australia. They are also indicators for which reliable data are available, in particular data that can be presented in maps and graphs to show variations by area, across capital cities and in rural and remote regions of Australia, and by the socioeconomic status of the population.

The mapping of small areas to show variations in the selected indicators geographically is used to demonstrate:

- the level of extreme, multiple disadvantage and social exclusion in a small number of geographic areas; and
- the wider distribution of socioeconomic differences in health and wellbeing (as shown by the gradient across groups in the population according to their socioeconomic position); and
- supporting evidence, which highlights the extent to which disadvantage is clustered into particular geographic areas, making the targeting of programs and services in selected geographic locations a useful approach when coupled with broad-based, population-wide strategies.

The distribution of the population, who are socially excluded with the poorest health and wellbeing, has a strong and distinct geographic pattern, both by remoteness (in particular, for Aboriginal and Torres Strait Islander peoples) and in locations with high proportions of other people who are significantly socioeconomically disadvantaged. The geographic distribution of the population under these indicators is the focus of Section 4.

The indicators represent topics where considerable inequalities and social exclusion exist; yet they provide only a partial picture of the social and economic inequalities in wellbeing in Australia. However, it is hoped that the atlas will raise awareness of the extent of many of these inequalities and their impacts on different sections of the population, and provide a basis for working towards the inclusion of all Australians in our society.

A note about terms used in the Atlas

In the atlas, the term 'socioeconomic' refers to the social and economic aspects of a population, where 'social' includes information about the community and its level of education, welfare, housing, transport and so forth. It is not used in the context of 'social' as in 'social skills', 'social capital', 'social ability' or 'social behaviour' of community members. Therefore, an area described as having 'a high level of socioeconomic disadvantage' does not imply that the area has low cohesion or lacks strength as a community; rather, it identifies a relative lack of resources or opportunities that are available to a greater extent in more advantaged communities. Thus, this lack of resources leads inevitably to avoidable differences in health and other outcomes for disadvantaged communities.¹

Identifying the communities whose residents are not faring as well as others may be perceived as stigmatising. However, the purpose of the atlas is to highlight the extent of their disadvantage in order to provide evidence upon which community members and decision-makers can rely, and which can underpin advocacy for change. If we avoid highlighting the most disadvantaged suburbs, we avoid providing the evidence that society is failing those who live there. Moreover, being complacent about their plight, and not publishing the evidence, makes us complicit in their poorer life outcomes.

¹In discussing the maps, reference is also made to 'poor health outcomes for the population of the most disadvantaged areas'. This is not to imply that the same health outcomes (e.g., a high premature death rate) apply to everyone living in the named areas: clearly, the average rate for an area is comprised of a range of rates across the area.

Sources of information

The following resources were used to underpin the information presented in this Section.

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