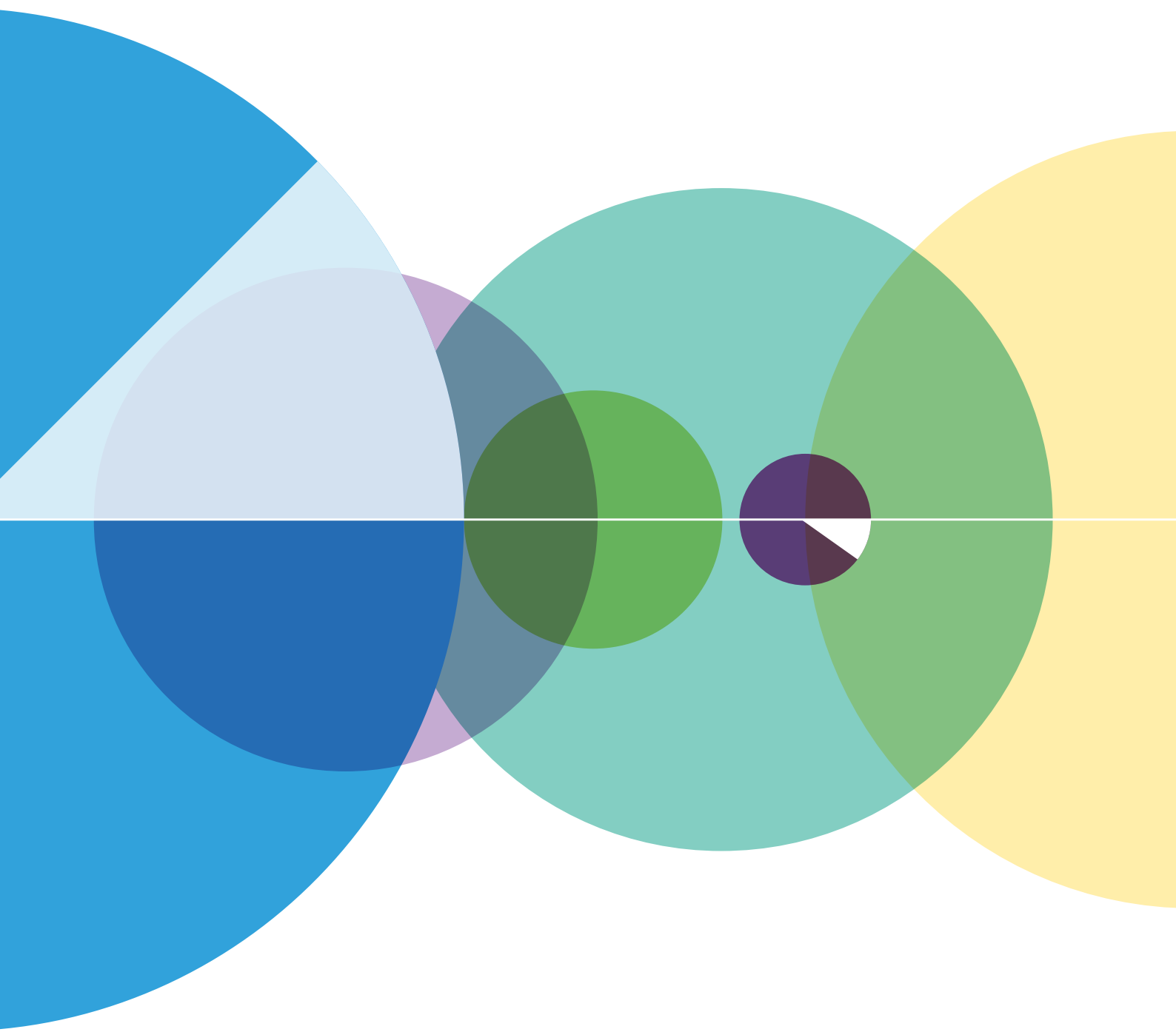


An atlas of six South Australian communities

Mapping the influences on community wellbeing

Produced for the South Australian Department for Communities and Social Inclusion and the Department for Health and Ageing



Government of South Australia

PHIDU

[public health information development unit]



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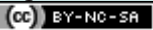
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However, the responsibility for the content of this atlas lies solely with PHIDU.

The following staff members of PHIDU were involved in the project:

- Diana Hetzel developed and wrote Sections 1, 2 and 3 and undertook final editing;
- Sarah Ambrose, Sarah McDonald and Kimberley Sobczak produced the maps and the tables and contributed to Section 4; and
- John Glover wrote Section 4 and the Summary, edited the report and managed the project.

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Section 1:

Context and purpose

In this section ...

- Introduction
- Background and policy context
- Overview and aims
- Taking a place-based approach
- Understanding community wellbeing through indicators
- Outline of the atlas

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Introduction

Over the last three decades, numerous reports and studies have highlighted substantial variations in the wellbeing across the South Australian population, and the gaps between those who are doing well, and those who are not. These differences, or 'inequalities', are readily apparent across Adelaide, and our rural and remote communities, as they are in other areas of Australia.^{1-6,16}

This atlas describes the extent and significance of inequalities in individual and community wellbeing, particularly those associated with wider social and economic influences; and points to areas where the impacts of disadvantage across the lifespan, and, in many cases across generations, need to be addressed.

Background and policy context

This atlas has been produced by the Public Health Information Development Unit (PHIDU) at Torrens University Australia for the South Australian Department for Communities and Social Inclusion (DCSI) and the Department for Health and Ageing (SA Health). The atlas includes a number of communities in Adelaide and rural and remote parts of the State, identified by these Departments.

Four of these communities – northern Adelaide, southern Adelaide, Peterborough, and the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands – have been identified for inclusion in the Thriving Communities Initiative, a South Australian Government call to address strong patterns of intergenerational disadvantage affecting the lives of many individuals and families living in these areas.

Current economic and social imperatives are driving a change in the way government works. Innovation becomes necessary and urgent in the face of complex and entrenched social issues, particularly in times of rising economic challenge, and with increasing acknowledgement of the inextricable relationship between economic and social agendas.

Across the world, governments, communities and businesses are creating new ways to bring about sustainable change, on the mounting evidence that traditional siloed service-based approaches are failing to make a lasting impact on complex issues. Central to these approaches is the development of genuine, ongoing collaboration across sectors and between all stakeholders to enable integrated effort towards agreed outcomes using a range of solutions at program, policy and system levels. Critical to this is the use of shared data as a basis for decision making and for measuring progress.

Overview and aims

The social and economic environment is a major determinant of population wellbeing in South Australia, as elsewhere.¹⁻⁴ The recent work of the World Health Organization's (WHO) Commission on the Social Determinants of Health has highlighted the importance of looking at all the factors which determine wellbeing, not only for individuals but also for entire communities.^{8,9} Such factors are essential for communities to thrive.^{10-12,17-20}

The purpose of this atlas is to understand better the impact that social, environmental and economic factors can have on individual and community wellbeing, and to describe the distribution of these factors across the selected populations. This reflects the growing awareness of the multidimensional nature of wellbeing, which includes material resources; education and skills; culture and kinship; community engagement; socioeconomic position; opportunities for employment; levels of health and disability; and social, community and personal assets.^{13,14} Assessing assets as well as needs gives a richer understanding of communities and helps to foster strengths, increase social cohesion and develop better ways of providing effective services.¹⁵ Healthy communities are also essential for economic growth and development.⁷

Taking a place-based approach

There is a clear relationship between the wellbeing of individuals, and the places where they live. Place can influence

wellbeing both positively and negatively, directly and indirectly.^{20,21,231} Thus, there is interest from governments and agencies in concentrating upon place to influence community wellbeing directly. One such example is the WHO Healthy Cities approach.¹⁰

Place-based approaches focus upon specific neighbourhoods or communities, and are a promising way to bring people, government agencies and services together in a locality.^{20,22} They have been used to improve economic development, environmental sustainability, homelessness and public housing, poverty and social exclusion, regional development, and public health.²¹

Geographical context is central to place-based work (where context includes social, cultural, historical and institutional characteristics); and the active role of local participants is essential, with residents, local government, business, services and other bodies shaping local change together.^{23,24,25}

Place-based approaches:

- are designed to meet the unique needs of people in locations;
- engage participants across all sectors in collaborative decision-making;
- make the most of opportunities, particularly local skills and resources;
- evolve and adapt to new information and participants' interests;
- encourage collaborative action by crossing organisational borders and interests;
- pull together assets and knowledge through shared ownership; and
- encourage new behaviours and "norms" in a location.²¹

They work to impact the conditions that influence wellbeing in communities, and are set in the context of the broader structural social, political and economic factors that also shape wellbeing but need to be addressed at regional, state and national levels.^{21,22,26}

As part of a place-based approach, community development work can identify the assets and strengths within communities, and the insights and abilities of local

residents become resources for addressing a neighbourhood's challenges.^{24,25,27} This does not mean that disadvantaged neighbourhoods do not need outside help, but rather that any genuinely local project can be resident-led, with agencies outside the community acting in a support role.²⁸

Understanding community wellbeing through indicators

To improve wellbeing, we need first to understand the complex interactions between individuals and their families, the benefits and pressures exerted by their communities, and how these factors influence community thriving, economic development and sustainability, and ultimately, the full participation of current and future generations of residents as citizens. Such information is also helpful to plan for, implement and monitor policies, plans and actions and assess their effects.¹⁷

One way of doing this is to choose a number of indicators to describe the levels of different aspects of wellbeing of a population and, by using them, to highlight the extent of existing differences in the factors that influence community wellbeing, and cause communities to thrive.²³¹

Indicators need to:

- reflect the values and goals of those who will use them;
- be accessible and reliably measured in the communities of interest;
- be easily understood, particularly by community members and others 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 communities, governments, services and businesses to action.¹⁷

The indicators of wellbeing presented in the atlas have been chosen because they describe the extent of difference in service access, participation and outcomes, within the context of the demographic and socioeconomic makeup of the six communities. They are also those for which

reliable data are available, and can be presented in maps and graphs, to show variations across the communities, and by the socioeconomic status of their populations.

The mapping of small areas is used to show:

- the level of multiple disadvantage in the selected communities;
- the wider distribution of socioeconomic differences in 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 locations a useful approach when coupled with broader community-led strategies.

The distribution of the population with the poorest wellbeing has a strong and distinct geographic pattern, both by remoteness (in particular, for some Aboriginal^a peoples) and in locations with high proportions of people who are significantly socioeconomically disadvantaged. The focus of Section 4 is to show the geographic distribution of the population across the communities, using these indicators.

We should care about social and economic differences in wellbeing because they have the potential to shape the opportunities for the next generation. While the indicators represent topics where considerable differences in wellbeing exist, they can provide only part of the picture of the existing social and economic strengths and vulnerabilities in these communities. However, it is hoped that the atlas will raise awareness of their extent and their impacts on different sections of their populations, and provide a basis for working towards a better future for these communities.

Outline of the atlas

The first two Sections of the atlas provide background and a general discussion of community wellbeing, including the links between wellbeing and economic and social development, and the determinants of wellbeing. A focus on Aboriginal wellbeing is included as Section 3.

Section 4 concentrates on the data. The information presented highlights a variety of health, economic and social indicators that can impact on the wellbeing of the community.

The Appendices provide further detail about interpreting the maps and charts in Section 4, key maps, notes on the data, and the sources of information used throughout the atlas.

^a In this atlas, the word 'Aboriginal' refers to Aboriginal and/or Torres Strait Islander peoples.

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.^b

Identifying the communities whose residents are not faring as well as others, may be seen 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 areas, 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.

^bIn 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.

Section 2:

What determines community wellbeing?

In this section ...

- Introduction
- The notion of flourishing
- What factors determine wellbeing across the lifespan?
- Understanding inequality
- Entrenched and intergenerational disadvantage
- Addressing differences in community wellbeing

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Introduction

Over the last four decades, there have been substantial social and economic changes in South Australia, especially in the areas of wealth, work, health, education, technology, resources for families, community supports and the interplay between them. These changes are evident across Australia, and in other high-income countries. Examples include:

- the effects of rising life expectancies, delayed childbearing, population ageing, overseas migration and increasing cultural diversity;^{29,30}
- marked alterations in the nature and availability of work, and in opportunities for the employment of young people, with globalisation and technological advances placing greater demands on education and skills development;^{31,32}
- rapid technological change bringing new ways of learning, communicating and interacting across communities;³²
- increasing challenges in balancing work or the lack of it, with child-rearing and family responsibilities;^{33,34,35}
- changes in the economy, especially in sectors such as manufacturing, retailing and financial services, with significant economic hardship and joblessness for many affected households;^{36,37}
- pressures on affordable housing, particularly public housing;³⁸
- the impact of climate variability on urban, rural and remote communities;^{39,40}
- a rise in those adversely affected by alcohol, drugs, gaming and gambling, mental ill health and various forms of interpersonal violence;^{41,42}
- a greater awareness of the effects of harmful stress on infants, children, young people and their families as a result of serious family problems and relationship breakdown;⁴³ and
- the persistence of significant differences in the health, education and other outcomes across populations, especially for many Aboriginal and Torres Strait Islander peoples, people living with disability,

refugees, and others who are disproportionately at risk of poorer wellbeing.^{44,45}

This has led to what has been described as ‘modernity’s paradox’, a term which questions whether today’s communities are developing in a positive and healthy way, given the rapid social and technological changes, which are without precedent in their scope and effects.^{46,47} These changes have heightened the need for up-to-date skills and knowledge and new areas for employment, especially in communities which have been adversely affected in sectors such as manufacturing, or in remote areas where employment prospects are few.

The notion of flourishing

Wellbeing can be described in different ways, but most definitions incorporate the idea of ‘flourishing’: individuals thrive or flourish when they are functioning well in their interactions with the world, and they experience positive emotions as a result.¹⁸ A flourishing life involves healthy relationships, autonomy, competence and a sense of purpose, as well as feelings of hope, happiness and satisfaction.¹⁸

While the term ‘flourishing’ is often applied to individuals, it can also be used to describe communities. Flourishing communities are those where everyone has someone to talk to, neighbours look out for each other, and people take pride in where they live, volunteer to help others, and feel able to influence decisions about their local area.¹⁵ Residents of all abilities can access open green space and feel safe doing so, and there are opportunities and places to bring people together as a community.¹⁵ A flourishing community is one in which members have high levels of wellbeing, which are sustained over time, and one which builds on its strengths and assets to maximise opportunities to increase wellbeing, sustainability and economic development further.^{18,231}

Community flourishing is the overall state of a community in terms of environmental sustainability, social and economic factors,

which is reflected in the wellbeing of its members.^{11,12,18} It has to do with the way a community functions - indeed, with the 'healthiness' of the community as a whole.¹⁹ The key to flourishing neighbourhoods is to strengthen local assets and social capacity, while also tackling vulnerabilities and disadvantage.²⁰ The wellbeing of a community is reflected by its ability to generate and use its assets and resources effectively to support the quality of life of its members, and the community as a whole, in the face of challenges and barriers within its environment.¹⁵

Community flourishing also describes reciprocal relationships between people and their environments with the goal of sustainability.¹¹ Reciprocity and continuous positive interaction between people and the social, economic and physical environments that make up their community, are essential to bring about change and to enhance the wellbeing of individuals and the community itself.^{11,15}

As a concept, community flourishing represents not only subjective elements (for example, satisfaction with one's life), but also more objective components, such as capabilities and fair allocations of resources and opportunities.^{19,51,52} Communities provide support, order, and a framework for their members to use to help make sense of their lives. The resilience of a community is reflected in its ability to address adversity and, in doing so, extend community capacity.¹⁴⁹ A flourishing community can be thought of as continually creating, promoting and improving its physical, social and economic environments, and expanding on community skills and resources, which enable its members to be the best that they can be.^{18,49} However, this also needs to occur alongside sustained support from local, state, and national governments and institutions, as communities cannot improve social and economic outcomes or remediate inequalities on their own.⁴⁸

The use of the term 'flourishing' relates to all aspects of human development, including health, learning, functioning and capability.⁵⁰⁻⁵² A capability approach 'focuses

on the ability of human beings to lead lives they have reason to value and to enhance the substantive choices they have'.^{52,231} The idea of human capabilities is a more expansive notion than human capital, because it encourages aspects that are wider than those associated with merely increasing productivity or economic growth, and underpins what makes a 'good society'.⁵²⁻⁵⁴ Wellbeing is regarded as a human right; and the 'capabilities approach' to eradicating inequality, social exclusion and poverty focuses on achieving positive 'freedoms', such as being able to access education and health care, enjoy recreational activities, own property, and find satisfying employment.^{50,55} These freedoms enable people to have a level of control or 'agency' over their lives, by having the ability to make choices freely regarding their lives.^{50,55}

What factors determine wellbeing across the lifespan?

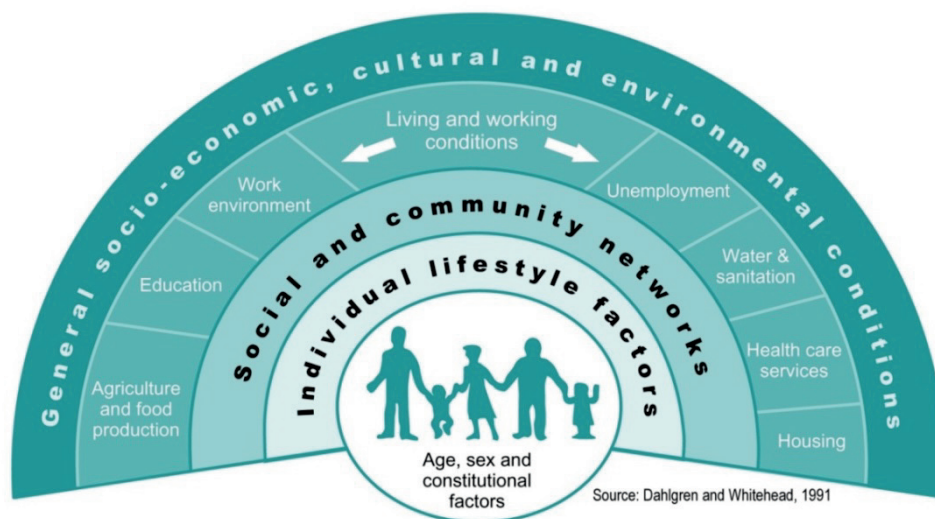
Wellbeing is a multidimensional concept, which is also described as a dynamic, emergent capacity that develops continuously over the lifespan in a complex, non-linear process.⁵⁶⁻⁵⁸ There are many different factors, or 'determinants', which influence wellbeing, and contribute to flourishing individuals and communities.^{59,60} These can be illustrated as 'layers of influence', starting with the individual, and extending to aspects of families, kinship and cultural groups, relational associations, neighbourhoods and the wider community (Figure 1, next page).⁵⁷

This model is one of many, which link influences from various domains - society-wide factors (e.g., socioeconomic, cultural, environmental), middle-level factors (e.g., access to health care, education and other human services) and individual factors (e.g., tobacco use, genes, age) - to explain the origins of health and wellbeing.^{54,57,61} Many social determinants can potentially be modified to improve individual and community wellbeing, and reduce inequalities across and within communities.^{54,57,58,60,61}

As shown in Figure 1, health and wellbeing are the result of multiple factors that operate together within genetic, biological, behavioural, social, cultural, environmental and economic settings that have differing influences at various points in our lives. For example, family context has a greater effect on the wellbeing of infants and young children early in life, while peer and neighbourhood factors and individual behaviours become more important as older children move into adolescence and early adulthood.^{62,63} The life pathways of individuals are the product of the interplay of cumulative risk and protective factors, along with wider social and economic influences.^{63,64}

Risks and protective factors can occur independently, or may cluster together in socially patterned ways.⁶³ Taking a 'life course approach' to wellbeing means looking at the long-term effects of physical, emotional and social exposures to protective and risk factors during gestation, infancy, childhood, adolescence, young adulthood, and later adult life, and the transitions between these life stages.^{58,65-67} It acknowledges all the biological, behavioural and psychosocial pathways that operate over an individual's lifespan, as well as across generations, to influence the development of wellbeing.^{46,68} Thus, the path that leads to any particular outcome may be very different for different individuals and communities.

Figure 1: Key determinants of health and wellbeing⁵⁷



The timing and sequence of biological, cognitive, psychological, emotional, cultural and historical events and experiences all influence the development of wellbeing in individuals, communities and across populations.^{58,59,69} For example, populations historically subjected to long-term mass trauma can exhibit a higher prevalence of disease, even several generations after the original trauma occurred.^{69,70} Thus, the life course of individuals is embedded in and shaped by historical times and the events

and places they experience over their lifetime.⁷¹ This is especially relevant for Australia's Indigenous peoples.^{166,185}

The key determinants of wellbeing are described in more detail below, and are reflected in the indicators that are included in Section 4 of this atlas. Many determinants overlap, and more remains to be learned about the specific ways in which these factors influence individual and community wellbeing.

1. Wealth and socioeconomic position

These are among the most important individual-level determinants, and one's overall wellbeing tends to improve at each step up the economic and social hierarchy. Thus, people with more wealth generally enjoy better health and longer lives than people with less wealth.^{4,9,62} The rich are healthier than those with mid-level incomes, who are in turn healthier than those who are poor.⁶¹ This is known as 'the social gradient'.

In Australia, many indicators of wellbeing vary by socioeconomic position – for example, health risk behaviours (such as smoking, physical inactivity); a range of chronic diseases (such as type 2 diabetes, cardiovascular disease, some cancers); and mortality.⁴⁴ A gradient also exists for other outcomes – from coping behaviours, to literacy and mathematical achievement.^{46,72} A gradient is evident whether one looks at differences in current socioeconomic status or in that of family of origin. These effects seem to persist throughout the life course, from birth, through adulthood and into old age, and for some outcomes, to the next generation.^{46,65,68}

For most people in Australia, this variation in wellbeing is not due primarily to the lack of money for food, clothing or shelter. Thus, the important factors in explaining differences appear to be not only material conditions, but also the social advantages and power attached to those conditions.^{2,9} In mature economies such as Australia, these are major influences on wellbeing, both for individuals and for communities. Indeed, smaller regional communities experiencing slow growth often score more positively on other dimensions of wellbeing than larger cities, especially on measures of social interaction.⁷³

2. Culture and kinship

The concept of culture reflects a shared identity based on factors such as common language, related values and attitudes, and similarities in beliefs, lived histories, and experiences.⁷⁴ For many people, the expression of these aspects of their culture is

an enabling and protective factor for their wellbeing.⁷⁵ Culture, spirituality and kinship have overarching influences on beliefs and practices related to wellbeing, health and healing, including concepts of wellbeing and knowledge of the causes of health and illness and their remedy.⁷⁶

However, minority groups can face serious risks to their wellbeing because of conflicting values from more dominant cultures, which can contribute to discrimination, loss or devaluation of language and culture, marginalisation, poor access to culturally competent care and services, and lack of recognition of skills and training for the minority culture.^{77,266} This results in avoidable and unfair inequalities in power, resources or opportunities across groups in society.

Racism, discrimination and social exclusion are expressed through beliefs, prejudices, community perceptions, typecasting and media portrayal, behaviours and practices; and can be based on race, ethnicity, gender identity, sexual preference, disability, culture or religion.⁷⁸ They have direct impacts on wellbeing, and indirect effects are mediated through various forms of social and economic inequality.^{77,79} These concepts are clearly applicable to Australian society, and are exemplified by the effects of racism and/or discrimination on Aboriginal and Torres Strait Islander peoples, people living with disability or mental health problems, refugees and recently arrived migrants, amongst others.^{76,78,80,81}

3. Education and training

Education increases opportunities for choice of occupation and for income and job security, and also equips people with the skills and ability to control many aspects of their lives – key factors that influence wellbeing over the lifespan.⁸² Participation in schooling and/or training is also a major protective factor across a range of risk factors for young people, including substance misuse and homelessness.⁸³

In Australia, evidence shows that wellbeing also improves with increasing levels of educational attainment.⁶ Educational

attainment and participation are also steeply graded according to socioeconomic position.^{6,46,74} The pervasive socioeconomic inequalities in adult learning outcomes (and many other markers of wellbeing) have their roots in socioeconomic inequalities in early child development.^{46,85} That is, during the earliest years of life, differences in the extent of benefit provided by children's environmental conditions lead to differences in early developmental outcomes; and the effects of these early inequalities translate into inequalities in learning, development and wellbeing in later childhood, adolescence, and adulthood.^{6,46,85}

Communities with large proportions of educated, skilled members have greater social and economic wellbeing, with benefits evident at three levels: individual, local community and regional.⁸⁶⁻⁸⁸ While learning improves an individual's skills and knowledge, it also contributes to their self-efficacy and sense of control, allowing them to participate more effectively in the community.^{88,89} Learning contributes to individuals' sense of belonging and better places them in a position to add to the combined resources of the community, so that the shared sense of wellbeing is improved.⁸⁹ In this way, education also supports economic growth and productivity, as skilled workers are better able to take employment opportunities in existing and emerging industries.⁸⁹

4. Employment and working conditions

Employment in satisfying work contributes to individual wellbeing.⁹⁰ For employed people, those who have more control over their work and fewer stress-related demands in their jobs are likely to be healthier.^{90,91} Workplace hazards and injuries are significant causes of disability and related health problems.⁹⁰ Furthermore, those who do not have access to secure and fulfilling work are less likely to have an adequate income; and unemployment and under-employment are generally associated with reduced life opportunities, greater likelihood

of social exclusion from the community and poorer wellbeing.⁹⁰⁻⁹³

While some of the most disadvantaged households are in South Australia's remote communities, there are also concentrations of highly disadvantaged households within some neighbourhoods in Adelaide and regional communities. These concentrations of disadvantage are often reinforced by the uneven distribution of access to employment and other opportunities apparent in more affluent areas.^{16,94} Access to employment is critical to levels of labour force participation and to the flow-on effects for household income and wealth, and community wellbeing.

In some communities, the changing nature of industry has left localities with fewer job opportunities.⁹⁴ Structural change is continuing to reduce job opportunities in manufacturing, and increasing job opportunities in the services' sector. Concentrations of different types of employment and the variation in transport connections to these jobs can leave already disadvantaged communities marginalised from such job opportunities, or make other communities vulnerable to increasing rates of unemployment – with significant consequences for the wellbeing of these communities, and their members.¹⁶

5. The physical environment

Another significant determinant of wellbeing is the safety, quality and sustainability of the physical environment (which includes the natural and built environments, such as housing), which provides the basic necessities for life, such as clean air, water and food; and raw materials for clothing, shelter and industry. Features of the natural and built environments also provide different opportunities for social interaction, safe recreation and play, tourism, transportation, employment and housing. For example, a lack of access to transport or adequate housing is a risk factor for poorer wellbeing and social exclusion of people and their communities, as is pollution of the air, water or soil.⁹⁵ The effects of changes in climatic conditions, altered cycles of flooding

and drought, and the disruption of ecosystems on communities pose further challenges for health and wellbeing, and are likely to affect populations unequally.⁹⁶⁻⁹⁸

Physical environments which undermine safety and heighten abuse and violence, or weaken the creation of social ties, are clearly unhealthy and socially excluding. By contrast, a healthy environment, endowed with safe public spaces, good quality buildings and generous natural settings, provides opportunities for social integration and leisure activities, and enhances community wellbeing.^{98,99}

6. Social support networks

Access to support from families, friends and communities is associated with better health and wellbeing.^{62,100} Aspects of this determinant shape people's daily experiences, and include individual and neighbourhood socioeconomic characteristics, a sense of connectedness, community norms, and spiritual and cultural beliefs and practices.^{62,100} Sources of support help people to deal with crises and difficulties as they arise, to maintain a sense of control over their lives, to enhance their resistance to life's challenges, and to feel able to contribute as members of a community.¹⁰¹ Shared principles and values, meaningful consultation about significant issues, trust-building, and reciprocity and collaboration can yield positive outcomes for communities and their members.¹⁰² People who are socially isolated or disconnected from others are between two and five times more likely to die (from all causes) compared to those who maintain strong bonds with family, friends and community.^{103,104}

Researchers also describe the quality of the social context of everyday life ('social quality') as having four conditional factors: socioeconomic security, social cohesion, social inclusion and social empowerment.¹⁰¹ These factors are underpinned by the rule of law, human rights and social justice, social recognition and respect, social responsiveness, and individuals' capacities to participate as citizens within their communities.¹⁰¹

7. Early life factors

Early life is a time when individuals are particularly vulnerable to risk and protective influences.^{6,46} Developmental vulnerability has its origins in a child's biological risks, and prenatal and early childhood experiences and environment, and the complex interplay between these.⁶⁴ Children who are developmentally vulnerable risk not being able to achieve their true capabilities over their lifespan.^{58,64}

Experiences at the beginning of life are reflected in health and wellbeing outcomes during the middle and end of the lifespan.^{59,65} There is strong evidence of the effects of supportive early experiences on an individual's cognitive function, growth, ability to learn, physical and mental wellbeing, and resilience in later life.^{46,85} Exposure to neglect, trauma, violence and abuse in childhood and beyond, carries a risk of poorer physical and mental health throughout life, with adverse consequences for later learning, development, relationships and overall wellbeing.^{69,70}

A life course view highlights the sequencing of events across an entire lifetime.^{58,59,71} There is also evidence for intergenerational effects: for example, the socioeconomic status of a child's grandfather may predict the child's cognitive and emotional development at 14 years of age.⁶⁸

Research has shown that supportive, culturally responsive early child development programs enhance the wellbeing of children, their families (particularly those who are disadvantaged and marginalised), and also their communities.⁸⁵ Such interventions can have positive effects on the economy of a community as a whole, by raising its stock of human capabilities, enhancing current and future productivity and mitigating disadvantage.^{46,105}

8. Individual behaviours and practices

Personal behaviours, practices, and coping mechanisms can promote or compromise wellbeing.¹⁰⁶ Factors such as physical inactivity, tobacco smoking, use of drugs and

harmful alcohol consumption, unhealthy food habits, exposure to violence and trauma, and gambling have obvious impacts. However, many of these health behaviours reflect decisions that are patterned by an individual's and their community's economic, cultural, historical and social circumstances.^{46,106}

People on low incomes have access to fewer alternatives to help reduce stress and cope with life's challenges. As a result, they may be more likely to take up readily available and more economically accessible choices, such as tobacco use.¹⁰⁷ Not surprisingly therefore, smoking behaviour is steeply graded according to socioeconomic status, resulting in those who are the most disadvantaged having the poorest smoking-related health outcomes.¹⁰⁷ Not only does the prevalence of smoking increase with socioeconomic disadvantage, but the average number of cigarettes smoked per week also increases with growing disadvantage.¹⁰⁸

While personal attributes and risk behaviours interactively shape wellbeing, people who suffer from adverse social and material living conditions can also experience higher levels of physiological and psychological stress.¹⁰⁹ Stressful experiences arise from coping with conditions of low income, homelessness, or poor quality housing, food insecurity, unsafe communities, hazardous working conditions, unemployment or under-employment, and various forms of discrimination based on Indigenous status, mental illness, disability, religion, gender, sex, or ethnicity.^{109,110} A lack of supportive relationships, social isolation, and a mistrust of others further increases stress and reduces wellbeing, at both an individual and a community level.^{110,111}

9. Access to effective and timely services

The timely use of effective services is a determinant of individual wellbeing, especially the accessibility of preventive and primary health care, education and family support services that are universally available, high quality, safe, affordable and

culturally secure.^{112,113,268} For certain populations who are socially marginalised or geographically remote, lack of access to and availability of appropriate services continue to be important influences on their wellbeing.^{73,266}

Inadequate social infrastructure, such as a lack of effective services, has significant long-term consequences and associated costs for new and existing communities.^{113,114} A "spiral of decline" can occur when there are poor local services or effective services are downgraded or relocated elsewhere, with significant negative impacts on communities and their members.¹¹⁵

10. Gender and sexual identity

While not excluding biological differences, a gendered approach considers the critical roles that social and cultural factors and power relations between men and women play in promoting and protecting or impeding health and wellbeing for individuals.^{62,116} The overall goal should be to achieve equitable resource distribution, community flourishing, and social inclusion and participation by all community members.

For many gay, lesbian, bisexual, transgender and intersex Australians, poorer wellbeing can arise as a result of the considerable stress of experiencing discrimination, trauma and social exclusion.^{117,118} Gender- and sexuality-specific health needs for individuals include the adequacy and appropriateness of health care and other support services, because wellbeing is shaped by the inclusiveness of communities and the fair distribution of resources.¹¹⁹

11. Disability

Understanding the distinction between individual and social models of disability is critical to recognising disability as a key determinant of wellbeing.¹²⁰ When disability is thought of only as a personal tragedy or a form of biological deficit, action tends to focus on medical responses of care, cure or prevention. By contrast, social model approaches focus not on presumed deficiencies of an individual, but on the

social processes that cause people with perceived impairments to experience inequalities and social exclusion as a minority group in the community.¹²¹ A social model of disability acknowledges that the causes of social inequalities operate beyond the level of the individual, and both structural and cultural forces play a part in the collective experience of inequality and the social exclusion of those living with disability.¹²¹ When the experience of disability is identified as discrimination, exclusion or injustice, policy responses are more likely to focus on human rights and the removal of barriers to inclusion.

People with disabilities experience significantly poorer health outcomes than their non-disabled peers; and these negative health outcomes extend to aspects of wellbeing unrelated to the specific health conditions associated with their disability.¹²² Poorer wellbeing may also be experienced by family members who care for their disabled children or adult relatives.¹²³

People with certain impairments may be more likely to die at a younger age than the average for the population, as a result of the biological impact of the impairment on the body's capacity for survival. However, less access to health care, fulfilling employment, safe and supportive communities, and sufficient resources can also affect survival chances adversely.^{121,123} These broader inequities, including those linked to socioeconomic background, underlie the social patterning of the health and life experiences of people who live with disability, and their families.¹²²

Communities that are disability-friendly can improve the wellbeing of their members more generally. For example, the cultural and artistic life of a community flourishes when people with disabilities and older people are able to fully contribute their skills and talents both as artists and as patrons.¹²⁴ Social participation in arts and culture opportunities can also strongly influence individual wellbeing as well as fostering a greater sense of community.¹²⁴

12. Biologic factors and genetic inheritance

Genetic inheritance, the functioning of individual body systems and the processes of growth and ageing are powerful determinants of wellbeing. A person's genetic endowment was once thought to be pre-determined and not amenable to change. However, recent evidence indicates that the ways that genes are expressed can be shaped by a person's particular physical, psychological and social environment; and social relationships and environments may influence the expression of DNA throughout one's lifetime.^{125,126}

To summarise, the factors discussed above play important roles in the wellbeing of populations. However, they do not exist in isolation from each other, but function as an intricate web. Our wellbeing as individuals is determined by the influence of factors acting where determinants interconnect across the lifespan.^{127,128} The impact of social group membership and geography on health and wellbeing is not only powerful but also persistent.^{87,142,144} Differences early in life, including *in utero* circumstances, can impact later wellbeing regardless of subsequent life events, generating health inequalities between social groups over the lifespan, and across generations.^{65,87,129,143}

Understanding inequality

While the overall level of wellbeing of South Australians is high when compared to many overseas countries, there are substantial differences in the wellbeing of specific groups and communities within our population.^{130,132} These and other disparities are referred to as 'inequalities'. The notion of inequality implies a sense of two things being different, not the same. Numerous inequalities exist across the population and they tend to divide society into different groupings. Inequalities contribute to differing capacities to define what counts as being a citizen and particularly, a 'good' citizen.²³³

There are many types of inequality – age, sex, ethnicity, social and economic position, gender, disability, geographical area,

remoteness, and so on. Some dimensions of inequality are unavoidable and not responsive to change, such as age. Other inequalities occur as a result of differences in access to the things that underpin wellbeing, such as educational opportunities, material resources, safe working conditions, effective services, nurturing experiences in childhood, and so on.¹³¹ A lack of opportunity can also alter expectations of what life offers in the future.

Such inequalities are unfair, as they do not occur randomly or by chance, but are socially determined by circumstances largely beyond an individual's control.²³⁴ These circumstances disadvantage people and limit their chances to live longer, healthier lives. Socioeconomic inequalities in health and wellbeing are potentially avoidable because they are rooted in political and social decisions.^{131,234} This has implications beyond health inequalities. Less equal societies, in terms of the differences in the income, power and wealth across the population show an association with doing less well over a range of health and social outcomes, including violence and homicide, substance use and social mobility.²³⁵ This 'hidden damage' shapes every aspect of life: from the ability to learn and the foundations of health and wellbeing laid down in childhood, to the safety of our neighbourhoods and the productivity of our enterprises, and ultimately, our collective identity as a society.

There is now widespread agreement that health inequalities result from an unequal distribution of income, power and wealth across the population and between groups.²³⁴ Good evidence of effective interventions and policies is needed to address the inequalities in wellbeing, which are apparent across the many communities, which are not flourishing.

Tackling the social influences on wellbeing is recognised as one way to reduce these inequalities.^{152,147} However, the social factors promoting or undermining the wellbeing of individuals and communities should not be confused with the social processes

underlying their unequal distribution.¹⁴⁷ This distinction is important because, despite improvements in many determinants of wellbeing, social and economic inequalities have persisted.¹⁴⁸

In considering how to remedy inequalities in wellbeing, it is necessary to distinguish between:

- the social causes of wellbeing – which generally include the non-genetic and non-biological influences – meaning individual behaviours as well as wider influences (such as income, wealth, education, housing, transport, the environment and the other determinants discussed earlier); and
- the social causes of the inequalities, or differences, in these determinants (sometimes called 'the fundamental causes' or 'the causes of the causes').^{9,152}

The distinction between the social causes of wellbeing and of inequality in wellbeing can be clarified by focusing on social position as the point in the causal chain, where societal resources are both distributed and unequally distributed between social groups.^{148,152}

Using a single model to explain *both* wellbeing and inequalities in wellbeing can blur this distinction; and lead to the assumption that tackling 'the layers of influence' on individual and population health and wellbeing alone will reduce inequalities.¹⁴⁸ We need to recognise that unequal social positions carry with them unequal probabilities of being exposed to hazards along the social context/risk factors/illness and disease pathway.^{9,148}

The most significant causes appear to be those that produce stratification within a society – or 'structural' causes – such as the distribution of wealth, or discrimination on the basis of age, sex, gender, sexuality, ability or ethnicity.^{56,152} These determinants establish a set of positions within hierarchies of power, prestige and access to resources.^{56,145,147} Mechanisms that produce and maintain this stratification can include governance; education systems; human services; labour market structures; and the

presence or absence of redistributive welfare policies.^{56,148}

These structural mechanisms, which affect the different social positions of individuals, are the fundamental causes of inequalities in wellbeing across communities.^{145,146,148} These differences shape individual health status and wellbeing through their impacts on intermediary determinants such as living conditions, psychosocial circumstances, social inclusion, behavioural and/or biological risk factors, as well as health care and other human service systems.⁵⁶

Entrenched and intergenerational disadvantage

The impact of inequalities in wellbeing has profound implications for the economic, social and sustainable development of communities. Increasing inequality is also a matter for significant community concern because it tends to unravel the social fabric, through its adverse effects on individuals' life chances and their ability to participate as active citizens in community life.¹²⁹ These effects may also be handed down from generation to generation, as social and economic disadvantages progressively accumulate and are reflected in poorer wellbeing.⁶⁸ As a society we cannot, and should not, turn away from the challenge of persistent intergenerational disadvantage in communities, no matter how confronting it may be to address.¹⁴

Intergenerational disadvantage refers to the situation in which '*multiple generations of the same family experience high and persisting levels of social exclusion, material and human capital impoverishment, and restrictions on the opportunities and expectations that would otherwise widen their capability to make choices*'.^{139,140} However, this definition hides a great deal of complexity, because different characteristics are transmitted in different ways.¹³⁹ The extent of intergenerational transmission depends not only on parental, household and community characteristics but also on institutional settings, policies, and the wider economic and historical contexts.^{87,139}

In South Australia, there are numerous communities with multiple generations of people living with disadvantage as a result of entrenched poverty and social exclusion.¹⁴³

Low levels of earnings and education, persistent joblessness and under-employment can persist across generations, resulting in little intergenerational social and economic improvement.¹³⁹ While low social mobility is beneficial for families from high socioeconomic backgrounds, it has a clearly negative impact on severely disadvantaged families.¹⁴¹ Intergenerational disadvantage can also extend beyond the transmission of economic and material impoverishment, to encompass the contextual circumstances that contribute to its perpetuation, such as disrupted family relationships.¹⁴¹ For example, the likelihood of relationship breakdown can also persist across generations, with intergenerational disadvantage more likely for the children of an unsupported sole parent, who is living in poverty.¹³⁹

Preventing intergenerational disadvantage involves providing support and opportunities essential to a person's advantageous personal, social and economic development to prevent the deprivation of assets (material, intellectual, and other kinds) of the older generation from becoming deprivation of the younger generation's access to beneficial opportunities.¹³² The consequences of this deprivation can include the restricting of a child's social development and the failure of a young person to be the best that they can be.¹⁴¹ From an economic point of view, the legacy of childhood disadvantage can last long into adulthood and beyond, and lead to social and economic costs for society.¹³²

Research shows that there is more involved in the intergenerational transmission of disadvantage than simply family 'culture', with little evidence for the idea that parental behaviours have the strongest causal effects on children's long-term economic success.^{132,133} Both research and practice experience indicate that the effects of social origins work through two different mechanisms.¹³⁴ The first involves family

conditions, and parental stimulation in early childhood in particular; and the second reflects the decisions people make at crucial transition points in the education system and labour market.^{132,134,138} Among the influential family conditions, parental education is important, as well as parenting styles and role modelling and the social and cultural assets that they share with their children.¹³²

However, broader structural issues are increasingly recognised as critical factors.¹³² Limited parental incomes during childhood often restrict the economic status, stability and mobility of adult children; and community-level factors in areas of entrenched poverty (such as a loss of socialising institutions, or a shortage of people engaging in work, with consequential loss of introductions to available work opportunities locally), also contribute.^{132,135,136} Relevant structural factors that inhibit participation in work include limited work experience, low levels of education, literacy and industry-ready skills, child care costs, and transport difficulties.^{132,136,137}

However, growing up in a disadvantaged family and/or community does not necessarily predict poorer life chances, and

many people are able to prevail over adversity and achieve good health and wellbeing, complete education and training, find fulfilling employment, and access safe and affordable housing. This is because, rather than being an asset in itself, the ability to overcome disadvantages results from having a range of assets such as supportive relationships, and community resources (e.g., effective education, social and health services; neighbourhood safety and quality; available employment and/or appropriate levels of income support).¹³² Therefore, there are opportunities to improve outcomes for people experiencing intergenerational disadvantage, by enhancing family supports and strengthening community resources, but, above all, within a sustaining and responsive economic and social environment.

Addressing differences in community wellbeing

Tackling health inequalities requires a blend of actions to undo the fundamental causes, prevent the damaging wider environmental influences, and mitigate (make less harmful) the negative impact on individuals (Figure 2).^{234,236}

Figure 2: Examples of what can help to reduce inequalities in health and wellbeing^{234,236}

Actions to undo the fundamental causes of health inequalities	Actions to prevent harmful environmental influences on health inequalities	Actions to mitigate the effects of health inequalities on individuals
<ul style="list-style-type: none"> ▪ Introduce a healthy standard of living for all. ▪ Ensure the welfare system provides sufficient income for healthy living and reduces stigma for recipients, through universal provision in proportion to need ('proportionate universalism'). ▪ Progressive individual and corporate taxation. ▪ The creation of a vibrant democracy, a greater and more equitable participation in local communities and public service decision-making. ▪ Create fair employment - active labour market policies (e.g. hiring subsidies/self-employment incentives, apprenticeship schemes) and holistic support (e.g. subsidised childcare, workplace adjustments for those with health problems) to create good jobs and help people get and sustain work. 	<ul style="list-style-type: none"> ▪ Ensure local, culturally responsive service availability and high quality, clean green and open spaces, including space for play. ▪ Lower speed limits. ▪ Raise the price of harmful commodities like tobacco and alcohol through taxation and further restrict unhealthy food and alcohol advertising. ▪ Protection from adverse work conditions (greater job flexibility, enhanced job control, support for those returning to work and to enhance job retention, occupational safety). ▪ Provide high quality early childhood education and adult learning. ▪ Provide practical support to families early in pregnancy, and through early childhood to the start of school, where needed. ▪ Improve health literacy for local communities, including those with poor proficiency in English. 	<ul style="list-style-type: none"> ▪ Training to ensure that the public sector workforce is sensitive to all social and cultural groups, to build on the personal assets of service users. ▪ Link services for vulnerable individuals (e.g. income maximisation welfare advice for low income families linked to health care). ▪ Provide specialist outreach and services for particularly disadvantaged individuals (e.g. children in care; those who are homeless). ▪ Ensure that services are provided in locations and ways, which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language, gender, culture, ethnicity etc.). ▪ Maintain a culture of service that is collaborative and seeks to produce benefits, including health and wellbeing, such as through service re-design with local community members.

We often fail to make the most of interventions that address the social context and conditions in which people grow, live, work, play and age, all of which have a powerful influence on health and wellbeing.^{9,150} Action must be based on evidence of need, understanding of barriers to social opportunities and what is most likely to work.²³⁴ As described earlier, many of the key factors required for creating the conditions for wellbeing lie within the social context of people's lives and have the potential to contribute to reducing inequalities.^{154,236}

In thinking about differences in wellbeing across communities and what each means in terms of the design of policies, services and other actions, there are a number of approaches, which can be used, at different levels and to different effect.^{150-153,234,236}

Historically, approaches to the promotion of health and wellbeing have focused on identifying the needs and problems of populations that require professional resources and hospital, welfare and other services.¹⁵⁵ Such approaches are necessary and important, particularly in identifying levels of need, inequity and priorities; but they should be complemented by other perspectives, as they tend to define communities and individuals solely in negative terms, often disregarding what is positive and working well for particular populations.^{151,155} Much of the evidence available to policy makers to inform decisions about the most effective approaches to promoting health and wellbeing and to tackling health inequalities is based on the 'problem' model, and this may disproportionately lead to policies and practices, which can further disempower the populations and communities who are to benefit from them.^{151,155} By comparison, 'assets' or 'strengths' based models accentuate those resources that promote the skills and capacities of individuals and communities.^{151,155}

Communities – be they communities of place, of identity or of interest – have significant assets.^{15,232} An assets approach incorporates the notion of 'health creation' and in doing so, encourages active

partnership with local communities in the wellbeing development process.^{155,156} Effective local delivery requires effective participatory decision-making at local levels, and this can only happen by empowering individuals and communities.¹⁵⁰ Strengths based approaches, which focus on community assets, provide an opportunity for public agencies and their partners to respond to this challenge in alternative ways.¹⁵⁴

Assets for wellbeing have been described as *"any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing and to help to reduce health inequalities... (and can) operate as protective and promoting factors to buffer against life's stresses"*.¹⁵⁵ They include factors at the individual, community and organisational levels – from personal self-esteem and sense of purpose, to supportive family, kinship and friendship networks, intergenerational solidarity, cultural and spiritual knowledge, to environmental resources necessary for promoting wellbeing, employment security, opportunities for volunteering and civic participation, safe and affordable housing, political democracy and social justice.¹⁵⁵ They are the collective resources that individuals and communities have at their disposal, which promote wellbeing and protect against poor health and other outcomes.^{154,156}

Practically speaking, community assets can be:

- the everyday skills, capabilities and knowledge of local residents;
- the passions and interests of local residents that contribute the energy to make changes;
- the networks and connections in a community;
- the effectiveness of local community, voluntary and other associations;
- the resources of public, private and not-for-profit organisations that are available to support a community; and
- the physical and economic resources of a place that enhance wellbeing.²⁷

These assets can act as the foundation from which to bring about change that is led by the community, rather than by those who

provide or fund services.¹⁵⁴ Many examples of asset based work do not use 'asset' language, but include terms such as 'community engagement', 'community development', 'community empowerment', 'collective impact' and 'mutuality' to describe what they do. These terms all share similar features and value the positive capacity, skills, experience, knowledge and connections in a community.¹⁵⁵

In South Australia, there is interest in the 'collective impact' framework from the USA, where long-term commitments are made by a range of partners from different sectors with members of the community to set 'a common agenda to tackle deeply entrenched and complex social problems'.¹⁵⁷ It is an approach to 'making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change together'.¹⁵⁷ Participants need to develop 'mutual trust, and knowledge (gained from prior community development practice and research, and an underlying shared understanding of the capacities of a well-functioning community), perseverance, and a willingness to take concerted action for the common good'.¹⁴

Assessing strengths alongside needs can give a better understanding of the health, wellbeing, learning and care requirements of individuals, enabling a shift towards more empowering, sustainable and holistic approaches for addressing intergenerational disadvantage, and delivering services in communities.¹⁵⁸ However, taking an asset based approach is not an alternative to addressing need.¹⁵⁸ In practice, there is not a simple and clear division between problem based, and asset based approaches.¹⁵⁸ Rather, research suggests that problems can be addressed using a different model of working, which develops strengths and resources rather than potentially perpetuating need, and recognises the value and importance of achieving a balance between service delivery and community building.^{14,158} A focus on community strengthening is not to deny the continuing importance of external investment in

markedly disadvantaged localities; however, in order for services, infrastructure and other interventions to be effective in the long run, they must not only be useful in their own right, but simultaneously contribute to strengthening the overall community.¹⁴

While reducing inequalities in wellbeing is considered one of the most important challenges for our society, we do not yet have sufficiently robust knowledge of which interventions will be effective, in which locations and for which populations.^{159,160} Further work is needed to monitor and evaluate alternative actions and their impacts and determine if, how and why particular populations respond; and communities must be at the forefront of these processes.^{161,162} Causes of unintended, differential outcomes of current and new public policies also need to be determined.¹⁶¹ While there are some sensitive, skilled community projects across Australia, given our present state of knowledge, it is doubtful whether a single community, marked by extreme cumulative disadvantage, has been 'turned around' in the sense of experiencing a sustainable and generalised improvement in life opportunities for its citizens over the longer term.¹⁴

However, there is a growing body of knowledge that can provide direction for developing policies to reduce the determinants of inequalities in health and wellbeing in communities afflicted by entrenched, intergenerational disadvantage.^{161,162} The socioeconomic environment is a powerful and potentially modifiable factor, and public policy is a key instrument to improve this environment, particularly in areas such as housing, taxation and social security, employment, urban design, pollution control, educational attainment, and early childhood development, as well as health care and other human services.^{160,162} By considering impacts across all policy sectors, population wellbeing can be improved and the growing economic burden of health care and other human services reduced.^{161,163}

A focus on the social and economic contexts of life in no way implies that other factors such as genetics, behaviours or use of services do not figure in determining wellbeing; rather, this highlights a greater understanding in recent years of the hidden social factors that underpin differences in the likelihood of having a healthy and fulfilling life, and the impacts on wellbeing for both individuals and communities, who are disadvantaged. Investing in a population-focused approach to addressing inequalities in wellbeing offers a number of potential benefits: increased prosperity, because a well-functioning and healthy community is a major contributor to a vibrant economy; reduced expenditures on health, education and social problems; and overall community stability, cohesion and wellbeing for citizens.¹⁶⁴

Section 3:

A focus on Aboriginal wellbeing

In this section ...

- Introduction
- Understanding Aboriginal wellbeing
- Key factors in Aboriginal wellbeing
- Towards hope: supporting Aboriginal social and economic sustainability

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Introduction

In South Australia, the substantial social, political and economic hardship experienced by Aboriginal peoples has been documented many times. Numerous social and economic indicators such as poverty, employment, housing, education, justice and health reveal the impacts of colonisation, lost and stolen generations of families and the attempted decimation of the innumerable cultures of the peoples inhabiting Australia well before 1770.^{165,166} From a social and political perspective, for there to be improvements in Aboriginal wellbeing, a process of real reconciliation, that acknowledges the past in the light of the present, has to be embraced across all the sectors of our society, including substantial change in discriminatory attitudes and practices, reparation, and the sharing of power.¹⁶⁷⁻¹⁶⁹

Aboriginal cultural groupings within South Australia are defined by a number of distinct language groups, numbering over thirty, and related to defined Indigenous regions of the State.¹⁷⁰ The Aboriginal peoples of South Australia are diverse with many distinct cultural differences, including their connections with land, language and culture.¹⁷⁰ They live in Adelaide, regional centres, small country towns and in remote areas of the State, from the coast to the arid lands of central Australia; and in 2011, almost half (48%) of Aboriginal peoples lived outside the Greater Adelaide area.¹⁷¹

Understanding Aboriginal wellbeing

Most indicators of Aboriginal wellbeing, such as the ones included later in this report, tend to reflect a 'deficit' model, highlighting problems and the extent of disadvantage experienced over a lifetime, and between generations.¹⁵¹ While it is important to illustrate unmet need for appropriate resources and services and resulting inequities, this approach overlooks the strengths, capabilities and passion that Aboriginal peoples demonstrate in caring for their families, communities, their environments, and their lands; and fails to

represent the holistic nature of Aboriginal cultures and histories.^{151,171}

For Aboriginal peoples, the idea of wellbeing is broader and more inclusive than non-Indigenous concepts of health.¹⁷³ Therefore, in this atlas, an understanding of wellbeing is drawn from the definition proposed by the National Aboriginal Health Strategy (NAHS) Working Party in 1989:

"Not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community. This is the whole-of-life view and it also includes the cyclical concept of life-death-life".¹⁷⁴

The NAHS definition notes that achieving wellbeing is an attribute of communities as well as the individuals within a community; and it identifies cultural wellbeing, along with physical, social, spiritual and emotional wellbeing, as equally important.¹⁷⁴ Land, culture and community identity are central to Aboriginal perceptions of wellbeing.¹⁷⁵ Aboriginal cultures are numerous and diverse, made up of many different kinship and language groups that have adapted to diverse living conditions throughout South Australia over thousands of years. These cultures are dynamic and evolving.¹⁷⁵

The NAHS definition emphasises a holistic approach, and highlights the importance of many of the determinants of wellbeing identified in Section 2. However, an understanding of Aboriginal wellbeing encompasses a far broader interpretation of 'community', which has family and kin relationships at its centre; and the family relationship or kinship system is not necessarily confined to a geographic area, and the connections are not weakened by distance.¹⁷⁶

With respect to the way community functions, Chong and colleagues observe that:

"Our definition of what is meant by Aboriginal and Torres Strait Islander community functioning hinges on the understanding of the primacy of family relationships, roles and responsibilities, and connection to land in social and business life. However, people from family and language groups are usually living in disparate places. It is rarely the case that an

Indigenous 'community' consists only of people from the one family or language group. The implications of this are that an Indigenous person may be part of many communities.

For example, a person may be part of a culture community because of family relationships and connection to land. There may also be membership of a 'historical community' in the place where the person grew up and there is a shared history. Then there is membership of the community in the place where the person currently lives."¹⁷²

Thus, an Aboriginal community's social capabilities and functioning are fundamental to enhancing individual and collective knowledge and wellbeing, engaging in social and economic development, and in resolving local issues.¹⁰ As Aboriginal culture is not something that can be easily understood by non-Aboriginal people, it must be respected, and acknowledged appropriately, within the socio-political context of Indigenous people's human rights, including their rights to health and wellbeing.^{176,205,267}

The *Social and Emotional Well Being Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing* outlines strategies for improving wellbeing.¹⁷⁷ The first guiding principle recognises the critical importance of land:

"Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist."¹⁷⁷

The elements contributing to Aboriginal wellbeing are based on social interactions with people and the non-human landscape, and described as the inter-related: Land, Body and Spirit.^{178,205} Aboriginal spirituality derives from a sense of belonging to the land, to the sea, to other people and to one's culture.²⁰⁵ It resides in stories, ceremonies and dance, language, values and structures.²⁰⁵ The Aboriginal concept of belonging to land is often encapsulated by the Aboriginal English word 'country' that has been described as follows:

"Country is multi-dimensional – it consists of people, animals, plants, Dreamings; underground, earth, soils, minerals and waters, air ... People talk about country in the same way that they would talk about a person: they speak to country, sing to country, visit country, worry about country, feel sorry for country, and long for country."¹⁷⁸

Land and place are connected with spirituality and are important determinants of wellbeing.²⁰⁵ Places are a mixture of physical, social, spiritual and cultural elements, and are dynamic and interactive.²³⁰ They contain social, spiritual and cultural references about how people are to behave as individuals and as part of the community.²³⁰ Aboriginal wellbeing can be considered as 'achieved capabilities and qualities, developed through relationships of mutual care of kin, non-human affiliations and observance of ethical conduct described by the law or dreaming that is encoded within the landscape':^{176,179,180,205}

"For Aboriginal people, land is not only our mother – the source of our identity and our spirituality – it is also the context for our human order and inquiry."¹⁸¹

"Our identity as human beings remains tied to our land, to our cultural practices, our systems of authority and social control, our intellectual traditions, our concepts of spirituality, and to our systems of resource ownership and exchange. Destroy this relationship and you damage – sometimes irrevocably – individual human beings and their health."¹⁸²

Key factors in Aboriginal wellbeing

In addition to the determinants outlined in the previous section which apply to all peoples, a number of key determinants of Aboriginal wellbeing are included here. Each is embedded in the overall social structure, in political, economic and educational systems, in diverse cultural requirements, in local community, and Aboriginal and non-Aboriginal peoples' actions.^{167,183,184} There is a strong thread of interdependence between them, and the nature of the inter-relationships is complex and deep.

These things can help to address the existing intergenerational cycle of disadvantage, which is present for many Aboriginal peoples, as a legacy of colonisation and its aftermath; and the inequality that they experience is a contemporary reflection of their historical treatment as peoples.¹⁸⁵ However, the strength and spirit of Aboriginal peoples have prevailed over such adversity; and kinship, shared communities, land, painting, storytelling and other cultural illustrations celebrate the depth of this capacity for survival.^{151,182,205}

1. Early life factors

Early life experiences are important for wellbeing. They influence growth, the ability to learn, and physical and mental health in later life, and can have effects across generations. Adversities experienced by Aboriginal communities and by individual families impact particularly on their youngest members. Factors such as low birthweight, failure to thrive and the effects of trauma can have serious consequences for children's wellbeing and development.¹⁸⁶ Parents in communities experiencing such adversity may suffer high rates of emotional distress that also affect their children, especially when families are left without healing and resolution.¹⁸⁴

The imposition of mainstream culture and services early in life failed to deliver the necessary improvements in wellbeing to Aboriginal children, families and communities; and there is now a recognition that a 'both ways' approach to service design and delivery is needed, which values and respects practices from both Aboriginal and non-Aboriginal cultures.^{187,188} In order to enable a 'both ways' approach, cultural knowledge from the diversity of Aboriginal communities needs to sit alongside mainstream early childhood services.²⁶⁸ This includes knowledge about conception and birth, family roles and responsibilities, language, land, discipline, emotional development, dreaming, play and exploration, and physical development.^{188,189} In this way, the importance of the early years of life for subsequent health, development and learning in childhood, adolescence and adult life can be

strengthened by the incorporation of Aboriginal child-rearing, parenting and cultural practices.¹⁹⁰ Many of these practices are also positive models for non-Aboriginal child rearing and early child development approaches.

2. Physical, social and emotional health and wellbeing

Health, learning and capacity development are closely inter-related and this relationship is critically important for Aboriginal wellbeing.^{176,205} Maternal health, nutrition, early attachment, cultural identity, and good physical and emotional health in childhood support early development, readiness to learn, social efficacy, educational attainment, and adult participation in the work force.¹⁸³ For example chronic infection, trauma, and vision, hearing and other disabilities disproportionately affect many Aboriginal children and young people and impact upon their wellbeing and learning.¹⁸⁴ Both health and educational experiences, and the interactions between them, have effects that reverberate throughout an individual's lifetime, and on to the wellbeing of subsequent generations.²⁰⁵

Research shows that the more control a person has over their life circumstances, the better their wellbeing.¹⁹¹ A lack of control over one's life can be replicated in biological responses to stress that can be pathways to poor physical and mental health and further disadvantage.^{192,193} Health-harming levels of stress occur as a result of the lived experiences of Aboriginal peoples in a dominant culture in which they are socially, culturally and economically disadvantaged, and where racism and discrimination are endemic.^{191,194} Aboriginal peoples and communities must have control over their lives to progress self-determination, and enhance their wellbeing; and they must be supported to do so, in an environment of harmony and mutual respect.¹⁹¹

In this regard, the Aboriginal concept of social and emotional wellbeing has been defined by the South Australian Aboriginal Health Partnership as:

“Living in a community where everyone feels good about the way they live and the way they feel. Key factors in achieving this include connectedness to family and community, control over one’s environment and exercising power of choice.”¹⁹⁵

Attaining a satisfactory state of social and emotional wellbeing involves ‘a process of empowerment’.^{196,205} As a consequence of the history of dispossession and contemporary social disadvantage, Aboriginal people have spoken of their poor social and emotional wellbeing and a need to heal, come to terms with past trauma, and understand their present life circumstances and life’s opportunities.^{196,197,205} They identify empowerment as encompassing the steps of:

- a. dealing with pain;
- b. gaining control;
- c. becoming strong;
- d. finding one’s voice;
- e. participating in change; and
- f. working together for a stronger community.¹⁹⁸

Taking steps towards improving social and emotional wellbeing also contributes to social sustainability.¹⁹⁶

Effective, culturally secure programs, which focus on family and community wellbeing, can contribute to social sustainability by providing a mechanism for Aboriginal people to identify collectively their personal and community strengths and needs, and fulfil these needs by becoming involved in community action or advocacy.^{199,267,268}

Community-controlled organisations play an important role in improving community strength, health and hope through self-determination.²⁰⁵ For example, the concepts and experiences of Aboriginal spirituality and social and emotional wellbeing can be found in the holistic health care of the community-controlled health centres. These services (remote and urban) have a major role to play in incorporating spirituality, bush medicine and traditional healers in their healing practices.²⁰⁵ Similarly, strong involvement by parents in culturally responsive schools and VET programs can influence young people’s educational and employment outcomes.²⁰⁰

3. Community networks and social support

The central importance of family and kin is a key social and cultural resource in many Aboriginal families and communities; and extended family formation serves a fundamental role in wellbeing.²⁰¹ These networks are crucial mechanisms for cushioning against financial hardship and social isolation, and enable the sharing of child-rearing and the redistribution of resources across households.^{201,202} Strong Aboriginal culture underpins communal norms that influence perceptions of responsibilities to family and land, identity, reciprocities and obligations about sharing.²⁰³

As discussed earlier, Aboriginal community networks provide an essential source of support and enhance the wellbeing of their members. Dense bonding networks reinforce, and are reinforced by, Aboriginal norms of identity, sharing and reciprocity.²⁰³ However, while Aboriginal people have strong and dense bonding networks, they may have sparse bridging and linking networks, especially to resources and expertise located within the dominant culture.²⁰³ The repeated experience of racism and the lack of opportunities that intergenerational disadvantage brings undermine the development of trusting relationships beyond the Aboriginal community.²⁰³

4. Housing, shelter and connections to country

As a population, Aboriginal people are more likely than non-Aboriginal people to live in multiple family households, particularly in rural areas and in those communities where the properties are owned or managed by the whole community.¹⁶⁵ Consequently, and particularly in these areas, Aboriginal households are more likely to contain a greater number of people, and households will vary in size as community members visit each other.¹⁶⁵

Aboriginal people are more likely to access accommodation in the public rental sector, than non-Aboriginal people who are more likely to own or be purchasing their home.¹⁶⁵

This again reflects economic hardship, and also highlights the presence of racial discrimination in sections of the private rental market.²⁰⁴ A significant proportion of Aboriginal people rely on publicly-subsidised social housing, the Aboriginal Housing Authority and Aboriginal community or cooperative housing groups to meet their accommodation needs. However, there is much heterogeneity within Aboriginal populations, and not all families use public housing.

The wellbeing of Aboriginal South Australians is also more likely to be affected by exposure to factors such as poorer quality housing and inadequate community infrastructure.¹⁶⁵ Aboriginal people living in very remote communities may not have regular access to safe housing, affordable healthy food, reliable supplies of water and electricity or adequate sewerage and drainage systems, all of which are essential for wellbeing.¹⁶⁵

As discussed earlier, the importance of country and connection to country is central to the wellbeing of many Aboriginal peoples.²⁰⁵ Quality of life and control of traditional lands enhance community wellbeing and the capacity of many Aboriginal communities to develop strong governance structures and sustainable opportunities for economic development.

5. Income, employment and socioeconomic position

Aboriginal peoples as a population group are widely recognised as being financially disadvantaged.¹⁶⁵ Low levels of income are also a strong indicator of relative disadvantage in areas such as educational attainment, labour force participation, housing and health and wellbeing.¹⁶⁵

Overall, the levels of income of Aboriginal people tend to be lower than those of non-Aboriginal people in comparable circumstances. Those who live in remote and regional areas have limited access to numerous services, which are readily accessible for people living in urban areas. Many people have to rely on government income support benefits as their major source

of income, in the absence of local employment and sustained training opportunities.⁴ This can have adverse effects on community and individual wellbeing, and on the sustainability of communities over the longer term, as dependency on income support becomes socially embedded.²⁰⁷

Opportunities for the further establishment of Aboriginal-run community-based enterprises and the employment of young Aboriginal people following their participation in education and training are important areas for improving income and community wellbeing.²⁰⁷ When Aboriginal peoples experience high levels of effective control over local governance arrangements, the opportunity to develop sound, stable, culturally secure governing arrangements helps meet the needs of their communities.²⁰⁸ Effective governance training is a key ingredient in supporting this control.²⁰⁸

Employment is not only dependent on what you know (skills, knowledge, qualifications) but also on whom you know (social relations, connections and acquaintances).²⁰³ Furthermore, not all the people in one's immediate social network are equally effective at providing information and facilitating employment, and some may negatively influence motivation to engage with mainstream education or employment opportunities. Brokers who can bridge and link Aboriginal individuals and their dense social networks to potential employers are one mechanism for Aboriginal people to be able to obtain trusted information on jobs and access employment opportunities.^{203,268} However, stress and burnout can be suffered by people who broker networks with divergent values in cross-cultural settings, and who work between Aboriginal communities and mainstream services.^{203,209} To improve employment outcomes and expand livelihood options especially in remote Australia, it is essential to recruit Aboriginal people, and they must be appropriately recognised, supported, trained and remunerated.^{203,209}

6. Learning, education and training

Current concepts of learning recognise that knowledge is culturally constructed, that individuals bring with them diverse experiences and bodies of knowledge, a broad range of skills and understanding of language and concepts, and have different ways of learning.²¹⁰ All students need educational experiences, which are meaningful for the learner and which reflect the learner's background and history. Aboriginal students are no exception.²¹¹

As young students, Aboriginal children learn through their culture and the cultures of others, and their participation in those cultures shapes their identities.²¹² They come to formal educational settings as experienced, active learners with skills and capacities, which need to be appropriately recognised and acknowledged in mainstream settings. They may also have need of extra support (for example, if they have a disability such as hearing loss). The presence of trained Aboriginal workers significantly increases preschool and school participation rates, as do programs that encourage and support parents' involvement.²¹³

Factors linked to Aboriginal students' individual life experiences have a direct impact on their capacity to engage with school and learn, and these interact with each other.²¹⁴ They include: having their basic material and personal support needs met; their experiences of the formal learning environment; their foundation skills (such as communication, English language skills and social interaction); personal and cultural identity; Aboriginal role models; social behaviour and engagement with school; learning support needs; and life and vocational goals and aspirations.²¹⁵ Many of these are influenced by family, community, cultural and social contexts. For example, past negative experiences of school, and those of their parents and other family members, may impact on pre-school and school attendance patterns, especially where mainstream schools are not culturally secure and inclusive.²¹³⁻²¹⁵

Issues which can affect educational experience include institutional, peer and teacher-based

racism in formal learning environments; ineffective racial harassment policies; ineffective grievance procedures; lack of respect and value for all cultures; poor communication processes with individuals, peers, parents and communities; confusion about the roles of Aboriginal education workers; the need for cultural competence in teachers and counsellors; the need for support structures such as dedicated spaces for Aboriginal students' homework and tutoring assistance; population mobility; and poverty.²¹⁶ Others have described a mindset within schools that accepts absenteeism and poor educational outcomes from Aboriginal students as 'usual'.²¹⁷ In contrast, schools with high attendance levels attribute their success to well-trained, culturally competent teachers who can build a rapport with Aboriginal students and their families, offer additional support and develop individualised learning plans.^{212,268}

Educational institutions, such as schools, are based around systems that include political, cultural, community, home, school, year-level, classroom, and peer groups.²¹⁸ These can interact with each other in supportive and non-supportive ways, but should be institutions that build wellbeing and give students a sense of belonging, participating and being valued. Non-racist, culturally secure environments are essential starting points for effective learning, from pre-school onwards.¹⁸⁴

In addition to the importance Aboriginal parents place on education, they also highly value their child maintaining and learning about aspects of their culture for identity development, the positive experience of Aboriginal culture, and the significance of support from the community to which they belong.²¹¹ These can be seen as preconditions to the achievement of success through education. Therefore, sensitivity to cultural difference and attaining a cultural fit, by aligning curriculum, delivery and teaching with local Aboriginal cultural assumptions, perceptions, values and needs are essential for education and training to succeed.^{218,219}

This can be achieved through programs and approaches that recognise Aboriginal culture

and values within a learning environment that preserves and reinforces identity, and provides a range of culturally secure mechanisms for support.^{175,220,221,268} Cultural diversity and knowledge need to be valued highly and made explicit in all educational settings. This encourages greater involvement of Aboriginal parents, caregivers and community members in the education of their children and young people. In addition, cultural fit is enhanced by programs that support wider Aboriginal community goals, as opposed to those which may directly or indirectly work against them.^{172,222} For example, breakfast programs in schools might be better replaced by effective community services, which enable families to feed their children themselves and reduce the likelihood of service dependency.

While a drop in retention persists as Aboriginal students move toward the post-compulsory years of schooling, they are highly-represented in vocationally oriented school courses.²¹⁹ Many young Aboriginal people are intentionally pursuing the practical, hands-on learning that VET-in-School courses provide.²²³ Increasing numbers of Aboriginal students are also undertaking and completing courses at the Bachelor degree and above levels in the tertiary education sector.²²⁴ However, VET participation is not yet providing Aboriginal young people living in remote areas with sufficient pathways from learning to work or into higher level education.^{225,226}

A range of issues affects participation in education and training by Aboriginal South Australians, including access to educational institutions, transport and distance, socioeconomic factors, and cultural and community expectations.²²⁶ Indigenous students in remote areas do not have the same access to secondary education as young people in other parts of the country. They often have longer distances to travel, or may have to leave home to continue with secondary school. They may live in communities where English is a second or third language, and where there are fewer incentives for persisting with education, because of a lack of jobs to aspire to and few adults who have completed

secondary education.²²⁶ Other barriers for those living in remote South Australia include higher transport and tuition costs.²²⁶ While government policies have been developed to address some of these issues, further work is needed to ensure that Aboriginal young people leave school well-prepared for the higher education, training and/or employment sectors. While there has been considerable progress to date to improve Aboriginal educational attainment in South Australia, the level of educational inequality that many Aboriginal peoples continue to experience is still too high.^{224,226}

Towards hope: supporting Aboriginal social and economic sustainability

As discussed earlier, inequalities in wellbeing for Aboriginal peoples in South Australia are the result of a complex interplay between historical, cultural, spiritual, educational, health, housing, social and economic factors. The fact that significant problems continue to compromise Aboriginal peoples' wellbeing points the existence of powerful and static forces.^{218,227,228}

Social sustainability is 'a life enhancing condition within communities, and a process within communities that can achieve this condition'.^{196,199,229} For Aboriginal peoples, social sustainability needs to encompass equity of access to effective, culturally secure services; mechanisms for ensuring that future generations will not be disadvantaged by the activities of the current generation; the valuing and protection of disparate cultures; the participation as citizens in political activity, particularly at a local level; and mechanisms for communities collectively to identify their strengths and needs, and to fulfil these needs through community action or political advocacy.^{196,199, 266-8} In fact, the process of taking steps towards achieving these conditions is also a part of social sustainability.^{196,199}

The responsibility for making improvements in Aboriginal wellbeing has to be a shared one.^{228,229} Non-Aboriginal organisations should become more knowledgeable about,

engaged with and respectful of the backgrounds, lives and aspirations of Aboriginal peoples; and, in turn, Aboriginal peoples need to feel more confident about and engaged with the work of non-Aboriginal services.²²⁹ Determined action is required at multiple levels and sustained for more than a generation to ameliorate the situation and build on the progress that has been achieved by Aboriginal communities to date.^{218,229,267} When Aboriginal people are able actively to drive cooperation, transparency and accountability across all sectors, true partnerships will have been established to build social wellbeing and economic sustainability for all Aboriginal South Australians.