

People and Places: Urban Location, Social Capital and Health

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Foreword

"There is much merit in economic progress, but there is also an overwhelming role for intelligent and equitable social policies" (Amartya Sen, Nobel Prize-winning economist, 2001)

The pursuit of equitable social policies have been a hallmark of South Australia's history. Yet, in an era of rapid economic globalisation, many of the assumptions that led to such policies are under question. This report is concerned about health and well-being and how it is distributed across people and places. It also engages in debates about what causes social and health inequities, and how to balance environmental (such as where you live and the quality of the physical environment), economic (especially whether you have a job and sufficient income) and social factors (including whether you have social support, live in a safe neighbourhood, and take part in civic events).

The power of this report comes from the exploration of these factors through an in-depth comparison of four Adelaide post code areas. Our research team collected information on the make-up of the areas, surveyed community groups and a sample of residents and talked in detail to eighty residents. This enabled us, first and foremost, to show how people in the most affluent areas were not only financially better off than those in the other areas but were also healthier because they have more resources that create health such as support from friends and relatives, doing more exercise, feeling safer and more supported in their community and having more education.

We were determined to make this report essential reading for the people who make and implement health and social policy in South Australia. To make this happen, we engaged policy people and discussed with them what they see as the main policy lessons from our research. Overwhelmingly, they told us that any attempt to promote health must address broader, social and economic influences. They echo our research team's conclusion that the South Australian Strategic Plan gives our state a unique opportunity to do what others aspire to do; that is harness all the relevant actions of government in an holistic approach to health and well-being. Special attention has to be paid to promoting health in the areas in Adelaide that have the worst health. We suggest that this can best be done by coordinating planning across government agencies, while at the same time, ensuring genuine involvement from local people. We found that some areas of Adelaide do this better than others.

I am currently a Commissioner on the Commission on the Social Determinants of Health (established in 2005 by the WHO). Both my research and knowledge gained from my work on the Commission tell me that we are very fortunate to live in South Australia because of our standards of health and well-being. Yet, this report shows that South Australians do not share this good fortune equally: some of us do better and some do much worse.

We hope that this report will contribute to bold policies that build on the pioneering and *fair go* values that characterise South Australia. If so, our research will have contributed to making South Australia both fairer and healthier.

Fran Baum
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January 2007

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Executive Summary

This report is concerned with three key issues:

- The difference in levels of mental and physical health between people living in four neighbourhoods within urban Adelaide
- The differences in social capital (measured by trust, social networks, reciprocity, civic activity and help available to people) between people living in four neighbourhoods within urban Adelaide
- The impact that characteristics of particular neighbourhoods have on the health and well-being of local communities and the people living in them.

People's health status is strongly related to their socio-economic status. Less well off people are more likely to have a shorter life expectancy and more illnesses than their richer counterparts (Wilkinson and Marmot, 2003). There is also a growing body of research suggesting a relationship between area of residence and health. This project, *Urban Locational Disadvantage, Social Capital and Health Project* was designed to contribute to greater understanding of this relationship.

The project examines the contrasting characteristics of four postcode areas within different Local Government Areas (LGAs) in suburban Adelaide. Two of these, 5113 in Playford and 5169 in Onkaparinga have a lower than average socio-economic status (SES) and two, 5066 in Burnside and 5082 in Prospect, have a higher than average SES.

This report presents the main results of the project. The research data will also be further analysed and published on the project website:

<http://som.flinders.edu.au/FUSA/PublicHealth/locationhealth.htm>

The project was structured into three stages:

Stage 1

A state-wide telephone survey was conducted to collect baseline data. Independent or "objective" area-level measures were also collected. Based on these, four case study postcode areas were chosen.

Stage 2

In each of the case study areas a range of data was collected using a self-completion postal survey, in-depth qualitative interviews, photo-voice interviews, a food basket survey and a survey of community groups/organisations.

Stage 3

Workshops were held to discuss the policy and practice implications of the findings with community representatives and policy makers to feed back the research findings and discuss policy implications.

This report will be distributed to key players within each of our case study areas and within state public service departments. Key findings are reported below.

Chapter 3 of the report provides comparative profiles of the four areas.

Highlights of this comparison are:

- Burnside residents are older than the Adelaide average, with higher education levels, lower rates of unemployment and higher household income.
- Playford has a younger age structure, lower levels of education and higher rates of unemployment than the other areas.
- Burnside and Onkaparinga LGAs have lower housing stress rates.
- Crime rates are highest in Prospect and Playford.
- Public transport is most conveniently located in Burnside and Prospect.
- More residents in Burnside and Prospect were covered by private health insurance
- Burnside and Onkaparinga have more sporting and recreation facilities (per 10,000 population) than Prospect and Playford.
- Cost of food (based on healthy food basket survey) is highest in Burnside followed by Onkaparinga, Prospect and then Playford.

Chapter 4 reports on Perceptions of Neighbourhood Environment and Social Life.

- In terms of the physical environment (e.g. quietness, cleanliness, pollution, housing density, housing conditions) Burnside respondents rated their neighbourhood the highest and Playford respondents rated theirs the lowest. Onkaparinga rated their area higher than Prospect
- In general, Burnside respondents rated their neighbourhood most highly on a number of socio-cultural aspects such as reputation, friendliness and safety, and Playford respondents rated theirs the lowest.
- Playford, respondents experienced a lower level of neighbourhood cohesion than those in the other three postcodes.
- Playford respondents were least likely to consider their neighbours to be willing to help others, to be trusted, to have a sense of community, to get along with each other, to share the same values, to be tolerant of people who were not like them, and to perceive their neighbourhood as close-knit.



Chapter 5 discusses Social Networks, Help and Assistance, and Trust.

- Three-quarters of respondents across the four postcodes participated in some group activities (e.g. sporting, religious, school related). Playford had the highest proportion of non-participants (36%) and Burnside the lowest (17%).
- Burnside had the highest level of volunteering (37%) and Playford the lowest (24%). However, of the respondents who did volunteer those in Playford spent the most time on their volunteer activity.
- Respondents in Burnside, Prospect and Onkaparinga were more likely to be happy with their social life.
- Burnside residents had significantly less face-to-face contact with relatives than respondents in the other three areas.
- Burnside respondents were more likely to know people in the same or similar social groups.
- Playford respondents knew a more diverse range of people through social activities.
- Burnside residents were most likely to know at least one person in a significant profession and Playford respondents were the least likely to.
- Burnside respondents reported the highest level of civic activity and Playford the lowest.
- Playford reported lower levels of reciprocity and that they had less help available to them.
- Boycotting or deliberately buying certain products for political, ethical or environment reasons, contacting the council or local councillor and signing a petition were the most common forms of civic participation.
- Playford residents reported the highest levels of voting in local government elections.
- Respondents in Playford had less people available to offer help to talk to about personal problems, to make important decisions, to help around the house, to give a lift, or to provide information for job searching.
- There were significant locational differences in levels of trust, with Burnside and Prospect respondents having the highest level of trust in big business and government. Playford respondents had the lowest levels of trust in big business, government and Australians in general.

Chapter 6 considers Locational Differences in Self-reported Health Status: the Mediating Roles of Social Capital and Neighbourhood.



- Eighty-one percent of respondents across the four postcodes rated their self-reported general health as excellent, very good or good.
- There were significant differences in self-rated general health by postcode: 90 percent of respondents in Burnside and more than 80 percent in Prospect and Onkaparinga, but only 70 percent in Playford, reported their general health as good or above.
- On both the physical and mental health components of the SF12 health measure Playford residents scored the lowest (i.e. least healthy) score and Burnside the highest, followed by Prospect and Onkaparinga. The differences were less pronounced for mental than for physical health status.
- Residents of Playford were most likely not to undertake any exercise, to smoke, to be a non-drinker and to eat one or less serves of fruit per week.
- Regular exercise was associated with better physical and mental health.
- Respondents with higher levels of social capital and favourable neighbourhood environment had better mental health status than those without.

Chapter 7 reports on the discussions at the four policy workshops.

These identified the following policy questions as crucial to reducing health inequities:

- Education and employment and opportunities
- Accessible and affordable transport
- Physical design of neighbourhoods and suburbs in light of (changing) demography of area
- Role of community development and social capital building activity at a local level
- A mix of local services and facilities and methods of integrated planning for these

The analysis of the discussion in these workshops was framed in terms of the South Australian Strategic Plan.

Chapter 8 Conclusion makes the following key points.

The distribution of health across the four suburbs reflected the well-established picture that the physical and mental health of the respondents in the better off suburbs – Burnside and Prospect – was better than that of the two less well-off areas – Onkaparinga and Playford.

- Playford was the most disadvantaged area and its respondents had the lowest health status and greatest degree of social exclusion. The study has certainly found that social capital, like health, was differentially distributed between the suburbs.
- The residents from the better off areas experienced higher levels of social capital and there appears to be an association between higher social capital and better self-reported health status.
- The contextual features of the areas appear to have an influence on health.
- This study adds to a very large body of Australian and international literature that has pointed to the impact of socio-economic factors on health.
- This study is important because it provides some clues to ways in which local neighbourhood environments may work to reinforce broader social and economic factors.
- Our most affluent postcode area, Burnside, provides its residents with an environment that is perceived as being a better place to live in a considerable number of ways including safety, cohesion, levels of reciprocity and the quality of neighbourhood environment. The residents of this area as well as reporting better health also report that they have much higher levels of material resources (educational level, housing tenure and income) and of the factors in life that add up to better social capital.
- By contrast the residents of the least affluent area, Playford, experience not only more problems in their personal life in terms of worse health, less material resources and less social support, but also live in an environment that compounds their disadvantage and social exclusion.
- The study points to policy directions that could be taken by government to reduce health inequities by acting on the social and economic determinants underpinning them.

Chapter 1 Introduction

It has been well established that people's health status is strongly related to their socio-economic status. Less well off people are more likely to have a shorter life expectancy and more illnesses, for example, than their richer counterparts (Wilkinson and Marmot, 2003). This has been found to be the case in every country where it has been studied. There is also a growing body of research suggesting a relationship between area of residence and health, in particular "deprivation" of areas and ill health. This project, *Urban Locational Disadvantage, Social Capital and Health Project* was designed to contribute to greater understanding of this relationship. Funded by the National Health and Medical Research Council (NHMRC), the project has been conducted by the Department of Public Health, Flinders University from early 2003, ending in late 2006.

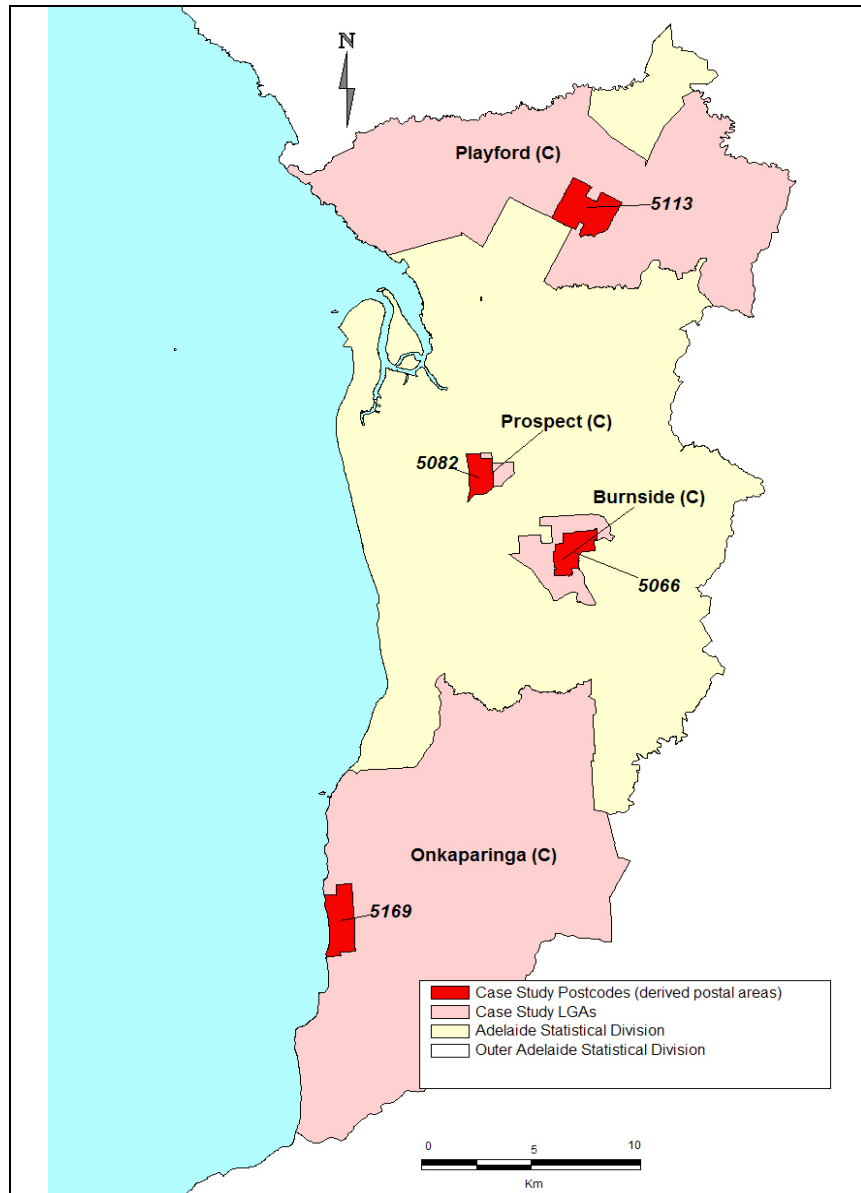
The project examines the contrasting characteristics of four postcode areas within different Local Government Areas (LGAs) in suburban Adelaide (see Map 1.1 on page 7 for exact location). Two of these, 5113 in Playford and 5169 in Onkaparinga have a lower than average socio-economic status (SES) and two, 5066 in Burnside and 5082 in Prospect, have a higher than average SES. It focuses on the health status of the residents in these areas and their perceptions of aspects of neighbourhood, social and civic life. We have used the notion of social capital to direct our thinking on these issues and explored the ways in which levels of social capital differ between the four postcodes. Our purpose has been twofold: to contribute to the academic literature on locations, health and social capital and to produce research results that can inform local and state service provision planning and policy development.

1.1 Understanding Local Differences in Health

There are two main explanations for the correlations between 'deprivation' of areas and ill health: compositional (characteristics of people who live in an area) and contextual (characteristics of the areas themselves).



Map 1.1 Location of the four case study postcode areas within Local Government Areas



Playford 5113 =
 Davoren Pk
 Elizabeth Downs
 Elizabeth Nth
 Elizabeth Pk (includes Elizabeth West)

Prospect 5082 =
 Fitzroy
 Ovingham
 Prospect
 Thorngate

Burnside 5066 =
 Beaumont
 Burnside
 Hazelwood Pk
 Stonyfell
 Waterfall Gully
 Wattle Pk
 Erindale

Onkaparinga 5169=
 Seaford
 Seaford Rise
 Seaford Meadows
 Seaford Heights
 Moana Beach

1.1.1 Compositional Explanations

Compositional explanations consider locational differences in health as resulting from the concentrations of particular people who live in them. They focus on the strong, consistent findings that SES is related to health, with poorer people having inferior health. In the context of locational differences, it is argued that lower SES areas tend to have poorer health because more people of low SES live in those areas. However, there is increasing evidence suggesting that some area-level effects remain even after controlling for the socio-economic status of its inhabitants.

1.1.2 Contextual Explanations

Contextual explanations focus on features of the areas themselves that may have an impact on the health status of residents. This includes the physical and environmental characteristics such as air and water pollution, housing density and the amount of open space (Macintyre et al. 1993), as well as levels of social capital and socio-cultural features of the area such as reputation or sense of community. In this way, areas themselves may differ in the extent to which they are health promoting for residents.

1.2 Social Capital and Health

1.2.1 The Links between Social Capital and Health

Social capital has been an increasingly important concept in both social research and policy formulation. This is both because its importance to health and well-being appears to be considerable and also because it suggests new mechanisms for health promotion interventions. These new mechanisms focus on the community rather than individual level and so go beyond behavioural change strategies that have had limited success when adopted in isolation (Baum, 2002). However, to be useful as a tool for interventions aimed at reducing health inequities, a detailed understanding of the ways in which health and social capital interact is required.

Definitions of social capital vary, but most include social norms, networks and associated values as core elements (Baum & Ziersch 2003). There is increasing evidence of a link between health and elements of social capital such as social connectedness, involvement in voluntary organisations, informal networks, and levels of trust, reciprocity and belonging. A range of explanations are suggested for the positive influence that social capital can have on health, including that the presence of social capital can boost self-esteem, provide social support, help people to access better resources, and act as a buffer against stressful life events. However, not all research has found these positive effects.

1.2.2 Differential Access to Social Capital and Locational Disadvantage

Social capital appears relevant for considering locational differences in health in two respects: there is growing evidence that social capital is distributed differentially among individuals, and areas differ in the ways that they foster or impede the development of social capital.

Access to social capital has been found to vary according to a number of individual-level variables, including age, race/ethnicity, employment, income, socio-economic status, family structure and home ownership. Studies have identified area-level differences in terms of both social capital enhancing local services and amenities (such as meeting places, voluntary groups, shops and recreational facilities) and also in terms of socio-cultural aspects (such as the reputation of the area, levels of trust, crime rates and sense of identity). There is evidence to suggest that deprived areas have different forms of social capital that are likely to bring fewer benefits to the community. It may be that while some elements of interaction in disadvantaged areas are strengthened in the face of poverty and deprivation, the resources available through these interactions are less valuable for health.



1.3 Research Project Objectives

At the outset our study set the following five research objectives:

1. To consider the impact of compositional factors on health including:
 - socio-economic status, race/ethnicity, age, gender, housing tenure
 - individual social capital (e.g. networks, values, resources)
2. To consider the impact of contextual factors on health, specifically:
 - characteristics of the physical environment of a geographic area or "location" (e.g. air and water quality, housing density, amount of open space)
 - availability of local services and amenities that directly affect health-related behaviours (including health and welfare services, availability of healthy/affordable food, and recreational facilities)

- social capital promoting features of areas as measured by: a) availability and use of local services and amenities that promote community interaction (including community centres and transport, shopping and recreational facilities); b) features of the local socio-cultural environment (including trust and civic and social involvement)
3. To consider interactions between compositional and contextual factors in their effects on health.
 4. To compare residents' perception of the influences on their health status.
 5. To determine the policy and practice implications of the research findings in conjunction with relevant human service agencies.

Chapter 2 How We Conducted This Study

The project adopted a multi-staged, mixed-methods approach. At the first stage, a state-wide telephone survey was conducted to collect baseline data. Independent or “objective” area-level measures were also collected. Based on these, four case study postcode areas were chosen. In each of the case study areas a range of data was collected using a self-completion postal survey, in-depth qualitative interviews, photo-voice interviews, a food basket survey and a survey of community groups/organisations. In the third stage, consultative workshops were undertaken with community representatives and policy makers to feed back the research findings and discuss policy implications.

The following flow chart outlines the stages and methods of our project:

Figure 2.1 Methods used in the project



2.1 Stage One: Collecting Baseline Data

2.1.1 Health Monitor Telephone Survey

A Health Monitor telephone survey was conducted through the SA Department of Human Services in July 2003. The aim of this survey was to provide baseline data for choosing socio-economically contrasting case study areas. Using the electronic White Pages, 3,400 households were selected across South Australia and only one person aged 18 or over in each household was interviewed. Consequently, 2,013 interviews were conducted with a response rate of 74.7%. For this study, only 1,487 respondents from the metropolitan area were used.

The survey included the SF-12 self-reported health measure and questions relating to social capital including extent of trust, access to people for help and assistance and participation in civic activities. It also included questions about neighbourhood life and problems, and a broad range of demographic questions such as age, gender, housing tenure, income and education.

2.1.2 Independent Area-level Measures

In addition to the *perceptions* of their neighbourhood from survey respondents, several independent or “objective” measures were collected. These measures included a range of area features that may be health promoting or damaging, ranging from residential rates, median weekly individual and household income, to libraries, recreational facilities and playgrounds, public transport and car ownership and crime rate. These independent measures were derived primarily from the official statistics of different government departments and also from the 2001 Census (see Appendix 5).

2.2 Stage Two: Comparative Case Studies

2.2.1 Choosing Case Study Areas

Based primarily on the analysis of the telephone survey data and independent measures, as well as advice from the project advisory committee (See Appendix 2 for membership details), four postcode areas within four socio-economically contrasting LGAs (two high SES, two low SES) in metropolitan Adelaide were chosen (See Map 1.1 on page 7). Comparative case studies were then undertaken to examine in detail the compositional and contextual factors that account for locational differences in health status. The sections below describe the methods we used in our case studies.

2.2.2 Postal Self-completion Survey

A postal self-completion questionnaire was sent to 6,768 people in the four case study areas (1,692 in each area) in October/November 2004. These individuals were randomly selected from the electoral roll. Three follow-ups were undertaken: a reminder postcard, a reminder letter and replacement questionnaire, and a telephone reminder. 3,453 questionnaires were returned, with a response rate of 53 percent (for a summary of survey participants see Appendix 3).

The questionnaire collected information about social capital, demographic characteristics and self-reported health. In addition, more information about respondents' perceptions of features of their neighbourhood was collected, including aspects of the physical environment (e.g. quietness and cleanliness, pollution, and housing density); local amenities and social infrastructure (e.g. public transport, recreational facilities, and health services); and socio-cultural features of the area (e.g. reputation, trust, community identity, safety).



2.2.3 In-depth Interviews

60 face-to-face in-depth interviews were conducted from March to October in 2005. These people were purposefully chosen according to area, gender and socio-economic status from a sub-sample of the postal survey respondents who had agreed to be further interviewed (for a summary of respondents in in-depth interviews see Appendix 4). Due to the often lower rates of participation in research of socio-economically disadvantaged people, an additional 20 interviews (five in each area) were specifically undertaken with people who were of a very low SES (i.e. their weekly income was less than \$250).

These interviews provided an opportunity for the researchers to explore, in a more detailed way than was possible in the postal survey, the meanings and understandings that people have about the inter-relationships between health, location and social capital. Pseudonyms have been given to all of the people we interviewed and no actual names are used in this report to protect the identity of respondents.

The interviews canvassed a broad range of topics relating to health and neighbourhood and focused particularly on residents' experiences of the physical environment they lived in, as well as on the socio-cultural aspects of their neighbourhood, such as its reputation or sense of community. Participants were also asked about the kinds of social and civic activities they took part in. Each interview lasted approximately one to 1-1/2 hours and was conducted in the interviewees' own homes. The interviews were recorded (with consent from participants) and then transcribed verbatim.

2.2.4 Photo-voice Interviews

Of the 60 in-depth interview respondents, 16 (four individuals in each area) were given a disposable camera and asked to photograph things that they liked about the area they lived in and things that they didn't like. A second interview was then arranged to discuss the photographs. This enabled a detailed discussion about respondents' perceptions of their living environments. These photo-voice interviews were undertaken between January and April in 2006.



2.2.5 Healthy Food Basket Survey

A food basket survey was conducted in September 2005 to investigate the availability and affordability of food for respondents in the four case study areas, as one of the contextual features of the areas that may have implications for health. Using a pre-determined basket of healthy food and groceries for a hypothetical five-member family, one supermarket, one green grocer and one butcher were chosen in each location from which the researcher priced the contents of the food basket. Subsequently, the availability and cost of food was assessed and compared between postcodes (more detailed information is provided in Chapter 3).

2.2.6 Survey of Community Groups/Organisations

In October/November 2005 a self-completion survey questionnaire was sent to 117 community groups/organisations across the four case study areas. The survey aimed to investigate the availability and function of community groups/organisations in case study areas, another contextual feature that may be relevant to health outcomes within areas. The questionnaire covered questions about the structure, function and operation of the community group/organisation, its membership and activity, health related activities, resources and linking with other groups/organisations. Three follow-ups were undertaken: a reminder postcard, a reminder letter and replacement questionnaire, and a telephone reminder. Ten groups were either no longer running or a current address could not be obtained. Sixty-nine completed questionnaires were returned, with a response rate of 64.5%.

2.3 Stage Three: Policy Development and Community Feedback

Throughout 2006 four consultative workshops (three in the study areas, one in the city) were held with community representatives and policy makers to feed back the research findings and discuss policy implications. Policy makers and community members continue to be represented on the Advisory Committee (see Appendix 2). In addition, research participants will receive feedback on the process and findings through community networks.

Chapter 3 Community Profile

This chapter provides background information about each of the four case study postcode areas. Initially it describes the socio-demographic profile of each, using the 2001 census data. Then the objective or independent measures of the social and physical environment of each area, derived from official statistics as well as the project surveys, are presented.

KEY POINTS:

- Burnside residents are older than the Adelaide average, but with higher education levels, lower rates of unemployment and higher household income.
- Playford has a younger age structure, lower levels of education and higher rates of unemployment than the other areas.
- Burnside and Onkaparinga LGAs have lower housing stress rates.
- Crime rates are highest in Prospect and Playford.
- Public transport is most conveniently located in Burnside and Prospect.
- More residents in Burnside and Prospect are covered by private health insurance.
- Cost of food (based on healthy food basket survey) is highest in Burnside followed by Onkaparinga.

3.1 Socio-Demographic Profile

This section presents the socio-demographic profiles of the four postcode areas. Table 3.1 summarises the key socio-demographic figures, which will be discussed in detail in the following text, in comparison with the general metro-Adelaide population.

Table 3.1 Summary of key socio-demographic figures of four postcode areas

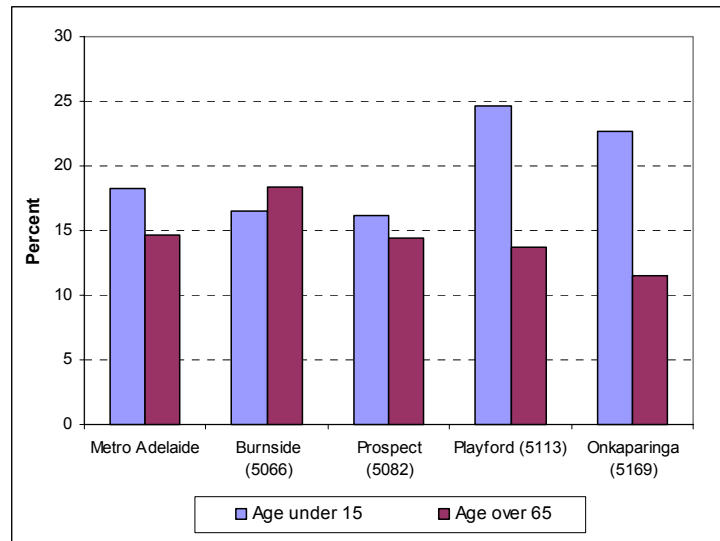
LOCATION/SOCIO-DEMOGRAPHIC INDICATORS	MEDIAN AGE (YEAR)	AUSTRALIA BORN (%)	SPOKE ENGLISH AT HOME (%)	RESIDENTS WITH DEGREES (%)	UNEMPLOYMENT RATE (%)	MEDIAN WEEKLY INDIVIDUAL INCOME
Burnside (5066)	42	72	83	31	4	\$500–599
Prospect (5082)	35	73	75	21	7	\$400–499
Playford (5113)	33	69	90	2	23	\$200–299
Onkaparinga (5169)	34	70	94	6	9	\$300–399
Adelaide average	36	72	82	12	8	\$400–499

Source: Figures are calculated based on the 2001 Census of Population and Housing, ABS.

3.1.1 Burnside

There were 10,290 people, 4,910 males and 5,380 females, living in the 5066 postcode area in Burnside (Beaumont, Burnside, Hazelwood Park, Stonyfell, Waterfall Gully, Wattle Park, Erindale). Compared to the Adelaide average, the Burnside population was much older, with a median age of 42, one of the highest in Adelaide. The population aged under 15 was only 17 percent, but older people aged over 65 were 18 percent, nearly 4 percent higher than the average (Figure 3.1). In addition, females aged over 65 were 11 percent of the whole population.

Figure 3.1 Proportion of people aged under 15 and over 65 by postcode



72 percent of people were born in Australia. Of those born overseas, the largest proportion were from the UK (7%), followed by Italy (2%), New Zealand (1%), Germany (1%), Malaysia (1%) and Hong Kong (1%).

Burnside residents had a higher level of educational achievement than the Adelaide average. More than half of residents aged over 15 had post-school qualifications or degrees. The unemployment rate was only 4 percent. The median weekly income for residents in 2001 was \$500–599, the highest among the four postcodes, and also higher than the Adelaide average of \$400–499. More than half of residents lived in fully owned private dwellings.

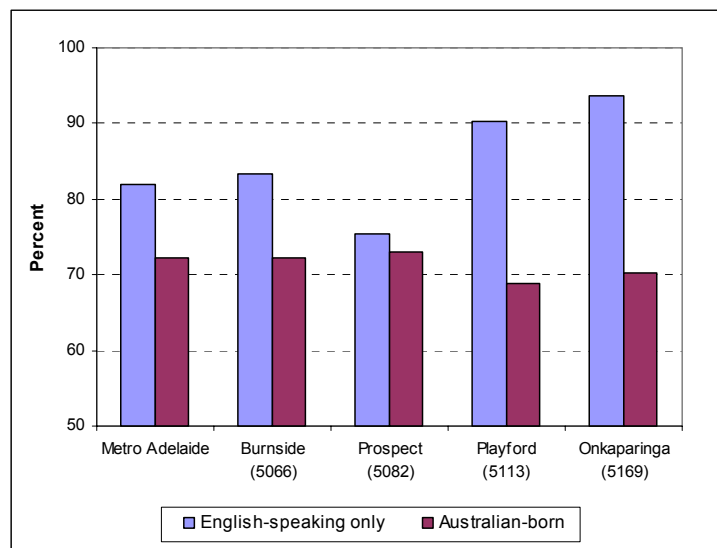
3.1.2 Prospect

There were 12,594 people, 6,158 males and 6,436 females, living in the 5082 postcode area in Prospect (Fitzroy, Ovingham, Prospect, Thorngate). Compared to the Adelaide average, Prospect residents were younger with a median age of 35. The proportions of people aged under 15 and over 65 were similar to the Adelaide average, while half of the population in Prospect were in the prime working age of 20–49.

Around 73 percent of the Prospect residents were born in Australia; however, only 75 percent of them spoke English at home (Figure 3.2). Non-Australian countries of birth included UK (5%), Italy (4%), Greece (3%), Viet Nam (1%), with a greater proportion of immigrants from non English-speaking countries compared to the Adelaide average.

About one-fifth of people had qualifications of certificate or diploma level, and a little more than one-fifth had qualifications of bachelor degree or higher. The unemployment rate was 7 percent. The median weekly income in the Prospect suburb was \$400–499, similar to the Adelaide average. About 38 percent of people lived in fully purchased private dwellings.

Figure 3.2 Proportion of Australian born and English-speaking only by postcode



3.1.3 Playford

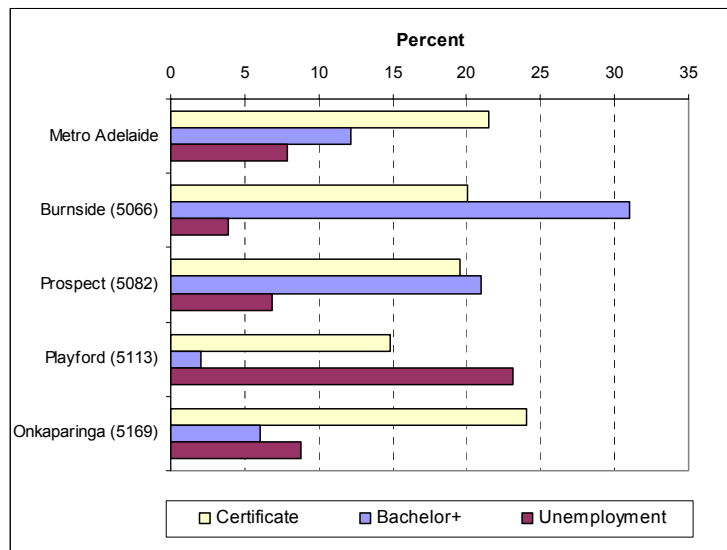
There were 18,516 people living in the 5113 postcode area in Playford (Davoren Park, Elizabeth Downs, Elizabeth North, Elizabeth Park, Elizabeth West), with 9,115 males and 9,401 females. This was a younger than average population with 25 percent of people aged under 15. The median age was 33, three years younger than the Adelaide average, but nine years younger than Burnside.

Although about 69 percent of people were born in Australia, the proportion of people speaking English at home was much higher than the Adelaide average: 90 percent as against 82 percent. More than half of people born overseas were from the UK (18%), with much smaller proportions from non English-speaking European countries and other countries, such as Germany (1%), Netherlands (1%), and New Zealand (1%). Playford has substantially more Indigenous residents than the other three areas, at 4 percent of the whole population, and also higher than the Adelaide average (1%).

Less than 2 percent of people had qualifications of bachelor degree or above, while 15 percent of people had qualifications of certificate or diploma level (Figure 3.3). The unemployment rate was very high, with 23 percent in 2001, three times the Adelaide average. Consequently, the median weekly income was \$200–299, much lower than the Adelaide average. 23 percent of people were living in fully purchased private dwellings.



Figure 3.3 Proportion of people with qualifications and unemployment rate by postcode



3.1.4 Onkaparinga

There were 9,637 residents in the 5169 postcode area in Onkaparinga (Seaford, Seaford Rise, Seaford Meadows, Seaford Heights, Moana Beach) of whom 4,706 were males and 4,931 were females. Like Playford, Onkaparinga also had a younger population with 23 percent of people aged under 15, and only 12 percent aged over 65. The median age was 34, two years younger than the Adelaide average.

Also similar to Playford, 70.4 percent were born in Australia compared to the Adelaide average of 72 percent, but the highest proportion of people, 93.7 percent, were speaking English at home. Almost two-thirds of people born overseas were from the UK (19%), and a much smaller proportion from other countries, such as Germany (1%), New Zealand (1%) and Netherlands (1%).

About 6 percent of people in Onkaparinga had qualifications of bachelor degree or above, but more than one-quarter had qualifications of certificate or diploma level. With a 9 percent unemployment rate, which was slightly higher than that of the Adelaide average, the median weekly income of the Onkaparinga suburb people was \$300–399, lower than the Adelaide average. A little less than one-third of private dwellings were fully purchased by their current residents.

3.2 Social and Physical Environment at the LGA Level

Research suggests the importance of undertaking 'objective' or independent measures of a range of area features that may be health promoting or damaging. At the first stage of this study, the project team collected a number of such measures at the LGA level from different government departments. These measures included: average residential rates, income support, housing stress, public housing, health/social services, sports and playgrounds, crime, transport, library, neighbourhood houses, pawnbrokers and banks. It should be noted that LGAs are larger areas than postcodes, and therefore the data from LGAs reported here contains information from postcodes other than the case study areas. They therefore do not exactly reflect the relative measures of the case study postcodes.

This section presents some of the independent measures for the four LGAs including crime rate, public transport, health services, and sporting and social clubs. Table 3.2 shows the summary of these independent measures at the LGA level, which will be further elaborated on in the following text.

Table 3.2 Summary of selected independent measures at the LGA level

LOCATION/INDEPENDENT MEASURES	HOUSING STRESS (PER 100 HOUSEHOLDS)	CRIME RATE IN 2005 (PER 1,000 POPULATION)	INDEX OF AVERAGE PUBLIC TRANSPORT (0–2)	PRIVATE HEALTH INSURANCE (%)	SPORTING/ OR SOCIAL CLUBS (PER 10,000 POPULATION)
Burnside LGA	15	98	0.50	75	11
Prospect LGA	17	182	0.35	59	9
Playford LGA	20	247	0.70	34	10
Onkaparinga LGA	16	142	1.00	51	10

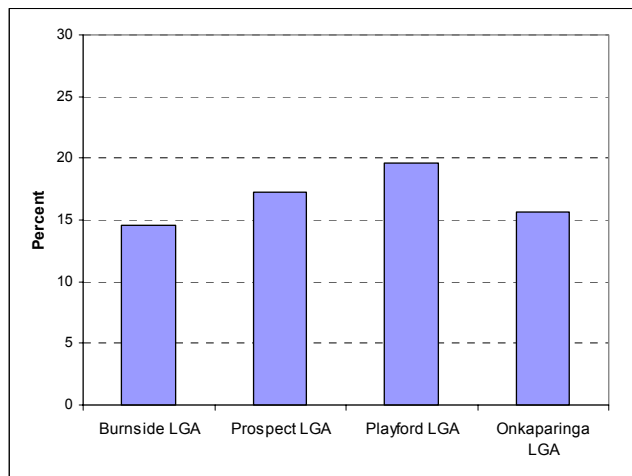
Sources: Please refer to the following figures.

3.2.1 Housing Stress

Housing stress refers to those households which have an income in the lowest 2 quintiles of the ABS income range, and where rent is more than 25 percent or mortgage outgoings greater than 30 percent of gross weekly household income. According to the 2001 census, the lowest 2 quintiles of household income range in metro-Adelaide were those with weekly income below \$548. These households would be considered in housing stress if their weekly rental or mortgage costs were more than \$137 or \$165 respectively.

Figure 3.4 shows the housing stress rate per 100 households in the four LGAs. Burnside LGA had the lowest housing stress rate of 15 percent, followed by Onkaparinga with 16 percent. Prospect and Playford had higher housing stress rates of 17 percent and 20 percent respectively.

Figure 3.4 Proportion of housing stress per 100 households by LGA

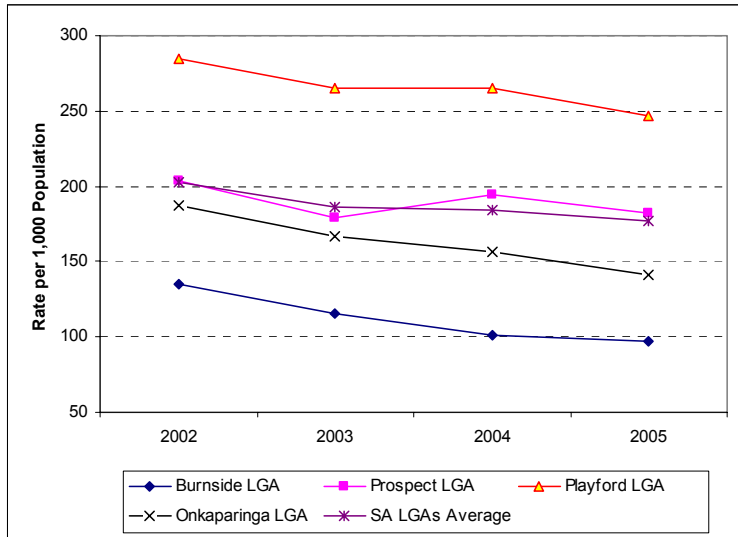


Source: Figures are from the SA Department of Family and Community Services.
 Note: All calculations were based on the 2001 Census of Population and Housing.

3.2.2 Crime Rates

Figure 3.5 presents the rate of offences recorded per 1,000 population of the four LGAs (which include the case study postcode areas), together with the average rate of all LGAs across SA from 2002 to 2005. Burnside and Onkaparinga LGAs had lower than the SA average offence rate, of which Burnside had the lowest. Prospect LGA had a similar offence rate to the SA LGA average, while Playford had the highest offence rate among the four LGAs and higher than the SA average. During the period from 2002 to 2005, the SA average experienced a decline in the offence rate. The LGAs in this project followed suit with the exception of Prospect.

Figure 3.5 Offences per 1,000 population from 2002 to 2005 by LGA

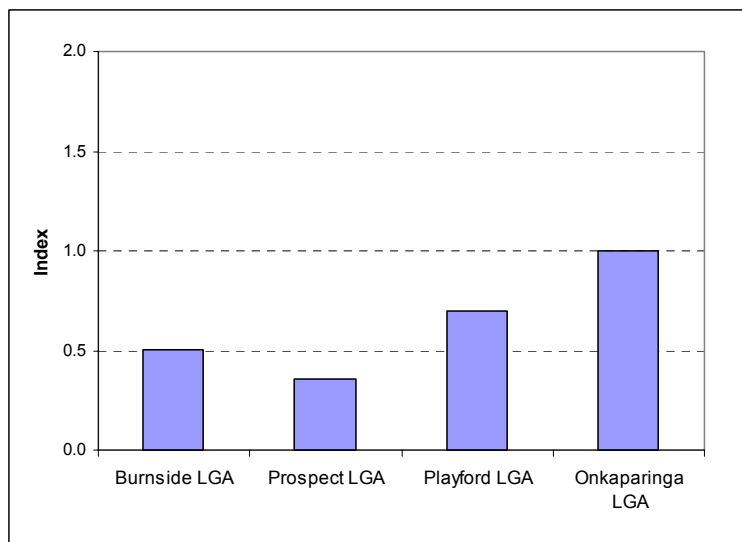


Sources: Figures are from the *Crime and Justice in South Australia* 2002, 2003, 2004 and 2005 reports of the Office of Crime Statistics and Research.

3.2.3 Public Transport

The convenience of public transport can be represented by a component index – the Average Public Transport Index. This index takes into account the average distance to a public transport interchange, to a 'Go Zone' and to a public transport stop for each LGA. The index ranges from 0 to 2, and the lower the index, the more conveniently located the public transport. Figure 3.6 presents the average public transport index by LGA. Of the four LGAs in which the case study areas are located, public transport in Prospect was the most convenient, followed by Burnside. The public transport in Playford was slightly convenient, with transport in Onkaparinga being the most inconvenient.

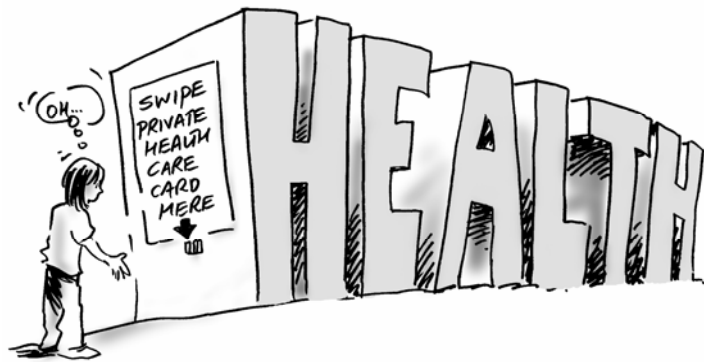
Figure 3.6 The Index of average public transport by LGA



Sources: Data are from the National Centre for Social Applications of GIS.

3.2.4 Private Health Insurance

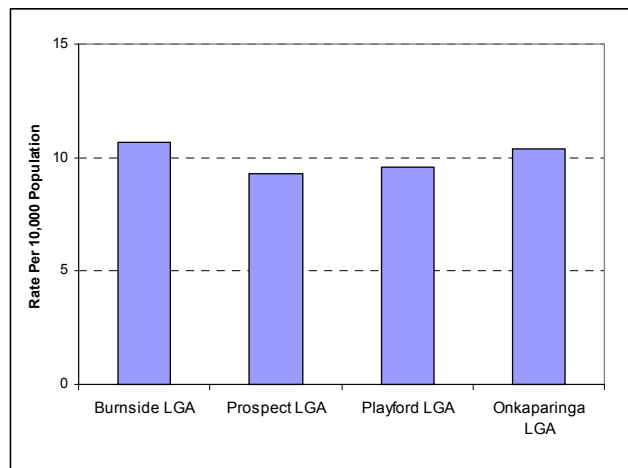
One measure of people’s access to health services is membership of a private health insurance fund. Having private health insurance will increase the range of health services available. Thus a higher percentage of residents covered by health insurance in an area suggests greater access. According to data from the latest release of *A Social Health Atlas of South Australia* (SA Department of Health, 2006), there were considerable geographic variations in the percentage of residents covered by private health insurance on 30 June 2001. For the four LGAs including our four postcode case study areas, three-quarters of residents in Burnside were covered by private health insurance, compared to only 34% in Playford. For the other two LGAs, nearly 60 percent of Prospect residents had private health insurance, while fewer residents in Onkaparinga, just over half, were covered.



3.2.5 Sporting and Social Club Facilities

Figure 3.7 shows the rate of sporting and social club facilities per 10,000 population by LGA. These include community centres, neighbourhood centres, halls for hire, indoor fitness recreation centres, outdoor sporting facilities, ovals and swimming pools. Burnside and Onkaparinga have slightly higher rates of sporting and social club facilities compared to Prospect and Playford.

Figure 3.7 Sporting and social club facilities per 10,000 population by LGA



Sources: Sporting and social club facilities data are from the Infosearch SA; population data from the ABS Census of Population and Housing 2001.

3.3 Independent Measures at the Postcode Level

Two surveys were conducted by the project team to collect information relating to 1) food availability and affordability, and 2) community groups/organisations at the postcode level for the four case study areas.

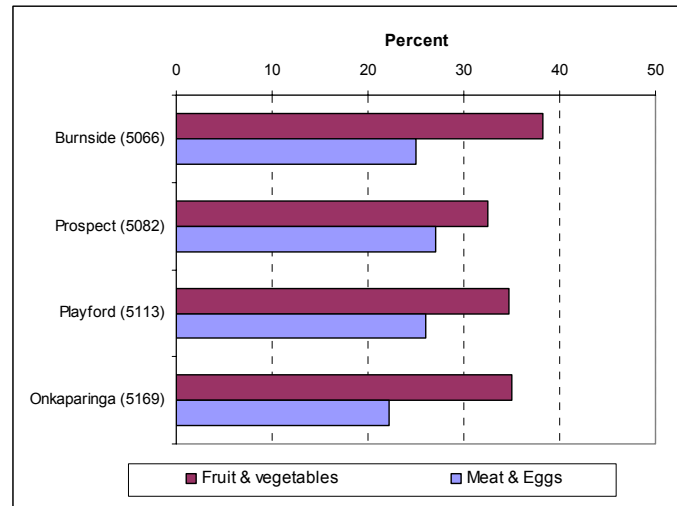
3.3.1 Healthy Food Availability and Affordability

In September 2005, research students from Flinders University conducted a food basket survey in each of the four postcodes. According to the criteria in the survey healthy food was available in each area. However, the cost for healthy food differed significantly. For a hypothetical five-member family with three adults and two children, the weekly cost for a healthy food basket (defined as meeting all nutritional needs) in September 2005 was: \$263.30 in Burnside, \$230.20 in Prospect, \$242.10 in Playford, and \$254.10 in Onkaparinga (Table 3.3).

Table 3.3 Weekly cost of healthy food basket for a hypothetical family by postcode

FOOD ITEMS/LOCATION	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Bread & Cereal	\$34.90	\$35.80	\$35.10	\$42.60
Dairy	\$37.10	\$36.30	\$35.60	\$38.40
Extra foods	\$24.70	\$21.20	\$24.10	\$27.90
Vegetables	\$49.20	\$36.30	\$44.10	\$47.60
Fruit	\$51.50	\$38.40	\$40.10	\$41.20
Meat & eggs	\$65.90	\$62.20	\$63.10	\$56.40
Total	\$263.30	\$230.20	\$242.10	\$254.10

Fruit and vegetables, and meat and eggs comprise the two most expensive food groups in the healthy food basket, but costs differed between postcodes. Figure 3.8 shows the different proportion of fruit and vegetables, meat and eggs in the weekly cost of healthy food basket by postcode. In Burnside, the fruit and vegetables comprised up to 38 percent of the cost of the healthy food basket, and another 25 percent came from meat and eggs. In Prospect, nearly one-third of the basket cost comprised fruit and vegetables, while more than one-quarter came from meat and eggs. In Onkaparinga, less than one-quarter of the total basket came from meat and eggs, but fruit and vegetables comprised about 35 percent of the weekly cost.

Figure 3.8 Relative cost of fruit & vegetables and meat & eggs in the food basket by postcode


3.3.2 Community Groups/Organisations

'Community groups/organisations' were defined as those community-based and community-service oriented groups/organisations, in which residents in the community were involved in social and civic activities. Although most community groups/organisations also involved participants other than residents in the case study areas, this survey only investigated those groups/organisations that had a venue within the select postcode areas.

The community group/organisation survey was conducted in October/November 2005. Questionnaires were sent to 117 community groups/organisations in the four postcodes. Ten groups were no longer running or a current address could not be obtained. Sixty-nine completed questionnaires were returned. Table 3.4 shows the number and type of community groups/organisations by postcode.

Table 3.4 Type of community groups/organisations of the survey samples by postcode

TYPE OF GROUP/ORGANISATION	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Sporting or recreation group or organisation	1	3	8	4
Arts or cultural group or organisation		1	2	2
Craft or hobby group or organisation	1	1	3	2
Religious or spiritual group or organisation	2		1	1
Social club	2	1	4	3
Ethnic or multicultural club or organisation		2		
Trade union, professional organisation or technical association		1		
Civic or action group or organisation	1	1		3
Environment or animal welfare group				1
Children, parenting or school related group	3	2	2	1
Services club	1	2	1	
Humanitarian aid group			1	
Health or welfare group or organisation		1	1	1
Voluntary emergency, rescue or fire service organisation		1		1
Total number of groups responded	11	16	23	19
Total number of groups surveyed	17	32	39	19

3.4 Chapter Summary

This chapter has outlined the socio-demographic profile of the four case study areas and presented the independent or “objective” measures of social and physical environment of case study areas at the LGA level, and in some cases at postcode level.

In summary, Burnside residents were a little older than the Adelaide average, but with higher education levels, lower rates of unemployment and higher household income. Prospect residents were more like the Adelaide average in terms of multicultural composition with more migrants from Italy and Greece. Playford residents had a younger age structure and a higher proportion of people speaking English at home. However, Playford residents had a lower level of education and higher rates of unemployment compared with the other three postcodes. Similar to their counterparts in Playford, Onkaparinga residents also had a younger age structure and a higher proportion of people speaking English at home, but had higher levels of education and household income.

According to official statistics, the crime rate was higher in recent years in Playford and Prospect, and comparatively lower in the other two postcodes. Public transport was more convenient in Burnside and Prospect due to their inner city location than in Playford and Onkaparinga. In health services, more residents in Burnside and Prospect were covered by private health insurance. In terms of sporting and recreational facilities, Burnside and Onkaparinga have a slightly higher rate of facilities per 10,000 population. Based on the project survey, food availability was unproblematic in the four postcodes, but the average food cost varied, with Onkaparinga having the second highest food cost, after Burnside, despite its comparatively low socio-economic status. There were a number of community groups/organisations having activities in each postcode, ranging from sporting and recreational groups, social clubs, to civic action groups, which attract residents not only within the postcode, but also from neighbouring postcodes within the LGA area.

Chapter 4 Perceptions of Neighbourhood Environment and Social Life

This chapter presents the perceptions of the survey respondents and in-depth interview participants of various aspects of their neighbourhood, including the socio-cultural and physical environment, amenities and services. It also describes their perceptions of neighbourhood social life.

KEY POINTS:

- In terms of the physical environment (e.g. quietness, cleanliness, pollution, housing density, housing conditions) Burnside respondents rated their neighbourhood the highest and Playford respondents rated theirs the lowest. Onkaparinga rated their area higher than Prospect
- In general, Burnside respondents rated their neighbourhood most highly on a number of socio-cultural aspects such as reputation, friendliness and safety, and Playford respondents rated theirs the lowest.
- Playford, respondents experienced a lower level of neighbourhood cohesion than those in the other three postcodes.
- Playford respondents were least likely to consider their neighbours to be willing to help others, to be trusted, to have a sense of community, to get along with each other, to share the same values, to be tolerant of people who were not like them, and to perceive their neighbourhood as close-knit.

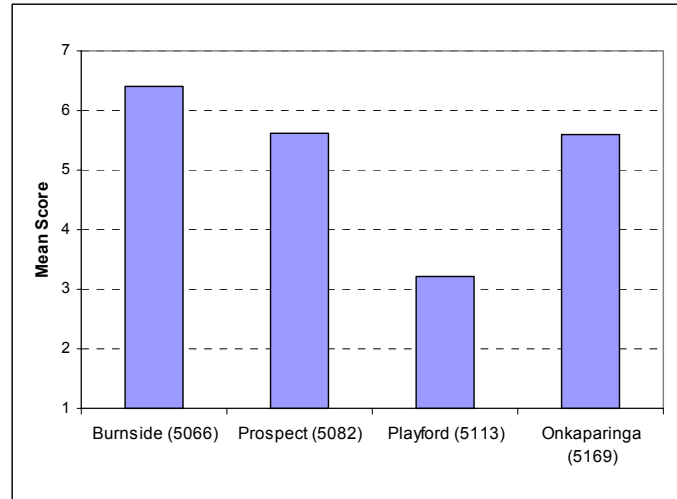
4.1 Perceptions of Neighbourhood Socio-cultural Environment

The survey respondents were asked a series of questions regarding the socio-cultural and physical aspects of their neighbourhood. For each aspect, respondents were asked to rate their neighbourhood on a 7-point scale where 1 represented poor, and 7 meant good. The higher the score, the better the perceived neighbourhood environment.

4.1.1 Bad/Good Reputation

There were significant differences in the perceptions of the neighbourhood's reputation between all postcodes, with the exception of that between Prospect and Onkaparinga (Figure 4.1). The majority of respondents in Burnside, Prospect and Onkaparinga believed that their neighbourhood had a good reputation, with Burnside respondents rating it as 6.4 out of 7. By contrast, the Playford respondents only rated their neighbourhood reputation as 3.2 out of 7, and more than half considered that their neighbourhood had a bad reputation (i.e. rating less than 3 on the scale).

Figure 4.1 Mean score rating of the reputation of neighbourhood



The qualitative data from the in-depth interviews provides further detail about these responses as in the following examples:

Good Reputation

"I think it's a good suburb...I think Burnside is still one of the suburbs that people look at and say I wouldn't mind living in that suburb...I think it's still seen as one of the leading suburbs." [Marcus; 45 yo; married; lives with wife and children; home owner; works full time; Burnside]

"I don't know how to say this without being sort of snobbish but I feel that we live in a very nice area and it's probably better than a lot of other areas around the place." [Justin; 74 yo; married; lives with wife; home owner; Burnside]

"People seem to want to live here...and I think again that is because it has got everything. Well it has most things" [Vivian; 72 yo; retired; home owner; lives with husband; UK migrant; Onkaparinga]

"When I was buying here I drove around and sat and watched a few of the homes I was thinking of buying into and had a look at the neighbours to see if I could see some really druggie looking ones or boozed looking ones because your neighbours make or break it." [Maxine; 54 yo; divorced; lives alone; home owner; works full time; Onkaparinga]

"Generally, I think most people want to live here. You can tell by the property prices that people want to live here and obviously Fitzroy has got a very good reputation and we piggyback off that." [Evan; 51 yo; married; lives with wife and children; home owner; works full time; Prospect]

"Not being snobbish or anything, but Prospect being a little bit more upmarket than some of the other areas people tend to look after their property a bit better." [Ralph; 56 yo; married; lives with partner and kids; home owner; works full time; Prospect]

Bad Reputation

As was noted in the survey results, many more residents in Playford perceived their neighbourhood to suffer from a negative reputation. Some of the reasons for this were described in the interviews:

Interviewer: "Would you say Davoren Park has a good reputation?
Anne: No, it's got a bad reputation because when anyone on the radio says anything it's always where the bad people come from...I mean it's no worse than down south at Reynella or wherever you hear different stories coming out of there. If there's any trouble they always say it's probably from Elizabeth so you get this stigma, you just have to live with it I suppose" [Anne; 66 yo; lives with husband; home owner; carers pension; UK migrant; Playford]

Interviewer: "What's the reputation that Elizabeth generally has?
Jack: Well I mean if you hear people talking on the radio they sort of bag Elizabeth don't they? They sort of run it down as if we're a load of mongrels out here." [Jack; 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

While many residents felt that parts of Playford had a bad reputation, it is important to note that they often felt that this reputation was largely undeserved.

"This is why I could never understand why people ran Elizabeth down because it's actually got everything, you know, it doesn't have the larrikins and the twits in it...by and large it's really nice and it's quiet." [Jack; 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

"It's like its reputation elsewhere around Adelaide is "oh, Elizabeth, how long you been up there?" And you feel like saying "How long ago since you been up there?" "Oh ten years ago." Come up now and see what it's like, it's a lot better now." [Ben: 40 yo; lives with wife and kids; unemployed; Playford]

The photo-voice component of the project supported these impressions of undeserved negativity by allowing participants to illustrate their point pictorially. Several residents in Playford deliberately photographed scenes that ran counter to the stereotypes of the area as being 'industrial'. As well as photographing vineyards and scenes of open space, several residents photographed the murals that adorn the walls of many of the schools in the area.



Playford

Some residents in the Onkaparinga case study area also felt that their neighbourhood had a bad reputation:

"I think we probably get associated with the Christies and Noarlunga area even though we are probably different I think we are probably lumped into the same basket...You always hear people "Oh you come from there". There are social problems and things you know everybody is on the dole down there and...I think you get lumped in there." [Jennifer 40 yo; married; lives with husband and kids; home owner; home duties; Onkaparinga]

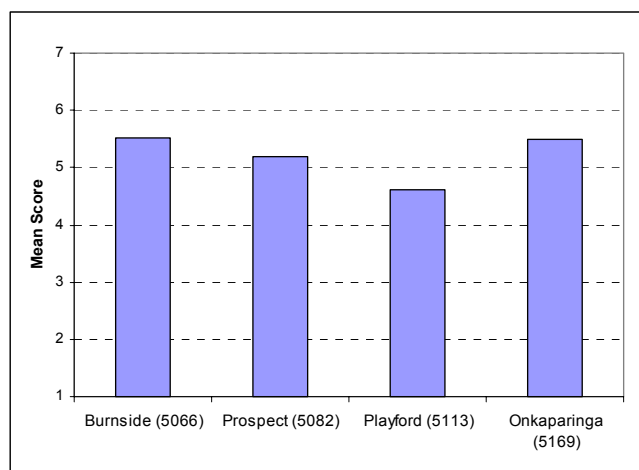
"I would love to say yes, but unfortunately that's not altogether true. I know some of the youth coming through are creating a little bit of havoc around the place." [Rebecca; 42; married; lives with husband and kids; home owner; unemployed; Onkaparinga]

"Yes, I would say this area has. Seaford Rise hasn't got a very good name....There's a lot of hooning goes on at Moana on the Esplanade." [Barry; 61 yo; married, lives with wife; home owner; disability pension; Onkaparinga]

4.1.2 Unfriendly/Friendly

There were significant differences in the perceptions of neighbourhood friendliness between all the postcodes, except that between Burnside and Onkaparinga (Figure 4.2). Burnside and Onkaparinga respondents considered their neighbourhood as very friendly, rating their neighbourhood approximately 5.5 out of 7.

Figure 4.2 Mean score rating of neighbourhood as friendly/unfriendly



Qualitative data from the in-depth interviews sheds further light on residents' reasons for these views:

"Well it's a quiet place, there are friendly people here, it's a lovely environment because of trees and greenery and I love it." [Edith; 74 yo; widowed; lives alone; home owner; Burnside]

"I'm fortunate, I've got very good neighbours, close and within the area...the neighbours do have occasional parties and more often than not I get invited... they look after me, they're very social, without being intrusive and that's the way I am." [Desmond; 61 yo; married; lives with wife; home owner; retired; Onkaparinga]

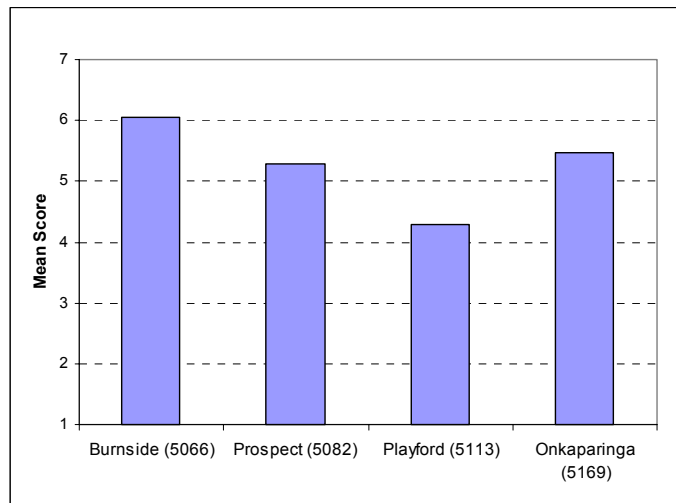
"We've lived in quite a few different areas and out of all the units that we've lived in we've really enjoyed this the most. And the friendliest neighbours as well. Easy going, everyone says hi, chat to people, which has been really quite pleasant. Even though there's the break-ins and some cars speed around a bit but in terms of the actual people it's far more friendly than where we've ever lived before." [Pearl 27 yo; married; lives with husband; renting privately; working full time; Prospect]

"I find that people are friendlier here than they are in the other suburbs mainly because, perhaps, the best part of us are immigrants and we know what it's like. When I first moved up here it would've been a young person's township...But yes, it's still friendly, I find it is." [Nora: 78 yo; lives with husband; home owner; retired; Playford]

4.1.3 Dangerous/Safe

Reflecting the absolute crime rates of the LGAs in which the postcodes are based (Section 3.2.2) Figure 4.3 shows the locational differences in the perceptions of neighbourhood safety. There were significant differences between all postcodes, with Burnside respondents being most likely to consider their neighbourhood safe, followed by Onkaparinga, then Prospect. Playford respondents were the least likely among the four postcodes to consider their neighbourhood to be safe.

Figure 4.3 Mean score rating of neighbourhood as dangerous/safe



Qualitative data from the in-depth interviews suggests that the majority of participants felt that their's was a safe neighbourhood.

"We've only had one incident where we've had a bicycle out the back taken, which is very unusual and that's in the last 6 months...in the neighbourhood, yes. I don't think ... it's unlikely that anything dramatic might happen." [Maria; 49 yo; married, lives with husband; home owner; works full time; Burnside]

"I'd say probably it is a safer area. I think it's familiarity probably. ...I mean I would float around this crescent and not give it a thought because I could dash into anyone's house or scream and I'd feel somebody would maybe come out. No, I feel fairly secure." [Melanie; 72 yo; widowed; home owner; lives alone; retired; Burnside]

"I do a lot of walking in the area, it feels quite safe and being a youngish area you get a lot of associated problems with the graffiti and that. Friday and Saturday night are hair-raising. I think here's a fair amount of drug and alcohol consumption done by the young people in

the area. "It's fine although it does feel relatively safe and I've got friends in the area so that makes it good." [Ruth; 54 yo; divorced; lives alone; home owner; works full time; Onkaparinga]

"My wife she walks early in the mornings, at 6 o'clock she gets up in the dark this time of the year and she is quite confident. You see a lot of females around at that time of the morning too, doing exactly the same thing so it must be a general feeling of security" [Andrew; 63 yo; married; lives with wife; home owner; works full time; UK migrant; Onkaparinga]

"I would say generally it is a safe place, it's just the people from outside being attracted into a slightly wealthy area, we have had our car stolen twice I think, we have had one break in, but they have been from outside influence not on the inside, but that's over a space of 20 years...I feel quite safe here." [Ralph; 51 yo; married; lives with wife and children; home owner; works full time; Prospect]

"I don't feel insecure but I certainly wouldn't leave anything that can be wheeled off because it would be wheeled off. Because you get people from other areas walking around here and you can always tell when they're walking around with a knapsack on their back and they're looking around and they've got nothing else to do and you think he's up to no good. So I'm lucky to have the dogs and security." [Jack; 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

"We have had a few break ins but I think it is mainly kids...I mean I go to bed sometimes and leave the back door open. I have never been frightened to be in here. My son keeps saying "Mum you have to start putting more security on here". Why? I said if they are going to break in they are going to break in and I am not going to be closed in like they are with all their security screens and all that. I feel like I am in a prison." [Lyn, 59 yo; divorced; retired; lives alone; home owner; UK migrant; Playford]

4.2 Perceptions of Neighbourhood Physical Environment

Table 4.1 presents the mean scores of respondents' perceptions of the physical environment by postcode. Aspects included are quietness and cleanliness, pollution, density of traffic and conditions of housing and streets/footpaths. All answers were arranged on a 7-point scale with 1 representing the most negative assessment and 7 representing the most positive assessment. For each aspect, the higher the mean score, the better respondents' views of their neighbourhood.

Table 4.1 Mean scores of the physical neighbourhood environment by postcode

LOCATION/PHYSICAL ENVIRONMENT	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Noisy/Quiet	5.7	4.7	4.0	4.9
Messy/Neat	5.4	4.7	3.9	4.8
Polluted/Unpolluted	6.0	5.1	4.7	5.7
Crowded/Uncrowded	5.9	5.1	4.7	5.3
Heavy traffic/Light traffic	5.0	3.5	4.1	4.5
Housing needs repair/in good condition	5.5	4.6	3.9	5.1
Footpath in poor/good condition	4.5	4.0	3.5	4.6

Note: Statistical test results are discussed in the following text.

Noisy/Quiet & Messy/Neat

There were significant differences in the perceptions of neighbourhood quietness between all postcodes. Burnside respondents were more positive in their perceptions of noise, with Playford respondents more negative. There were also significant differences in the perceptions of neighbourhood cleanliness between all postcodes except that between Onkaparinga than Prospect.

Polluted/Unpolluted

Respondents' perceptions of neighbourhood pollution differed significantly between all postcodes. Burnside respondents were the least likely to consider their neighbourhood to be polluted, and Playford respondents were the most likely to do so.

Several of the Playford respondents who took part in the photo-voice exercise photographed images of "mess" and "pollution". Houses with uncared for gardens, abandoned shopping trolleys and discarded baby nappies left in local parks were among the images selected by Playford residents as being among the aspects of their neighbourhood that they disliked.



Playford

Crowded/Uncrowded

There were significant differences in the perceptions of whether the neighbourhood was crowded or uncrowded between all postcodes except that between Prospect and Onkaparinga, with Burnside residents the least concerned about crowding.

Heavy/Light Traffic

Respondents' perceptions of heavy/light traffic in their neighbourhood differed significantly between all postcodes. Respondents from Prospect reported the greatest perceptions of heavy traffic, followed by Playford. Comparatively fewer respondents in Burnside and Onkaparinga reported heavy traffic.

Houses in Bad/Good Condition

There were significant differences between all postcodes in perceptions of housing conditions. Burnside and Onkaparinga respondents reported more positive assessments of the condition of housing in their neighbourhood than those in Prospect and Playford. Respondents in Playford were the least happy with the condition of housing in their neighbourhood.

Several of the residents in Burnside who took part in the photo-voice exercise selected images of the houses in the area as being among the aspects of their neighbourhood that they particularly liked:



Burnside

Residents from Playford who took part in the in-depth interviews commented on the poor condition of some of the housing in their area:

"This is a pretty good area but you go behind the schools and it's really like feral you know. There's Housing Trust, half-houses everywhere and people just really don't give a shit about their yards and themselves or their kids for that matter." [Tania, 24 yo; lives with partner and child; student; Playford]

"Certain parts, certain pockets, all the Housing Trust and semi-detached, they're a bit rough, but everywhere else, you've got [name of suburb] and [name of another suburb], all great, all new estates just as good as anywhere else." [Ben: 40 yo; lives with wife and kids; unemployed; Playford]

Such views were also supported by the photo-voice exercise, with residents in Playford selecting images of housing in disrepair:



Playford

Some residents in Onkaparinga also felt that the houses in parts of their neighbourhood were built too close together:

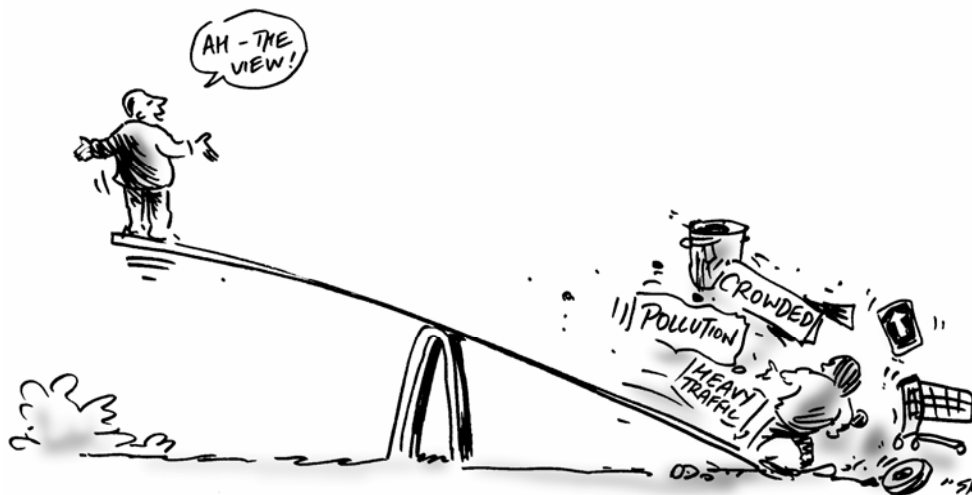
"I still believe that the homes are built too close together and the roads are too narrow. I know there's areas that are in Seaford Rise that are cul-de-sacs and you're lucky to get a car in there." [Gordon; 42 yo; single, never married; lives alone; home owner; works full time; Onkaparinga]

"Here is a nice sense of space but I find the Seaford Rise area just feels like a big caravan park because of all those really close together and there are some Units on Commercial Road and they are even closer. The gutters are actually joined together." [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]

"This is a new area and we've got plenty of space. I'm not going to criticise Seaford, but Seaford Rise...I think once you cram it together then you start losing your freedom." [George 73 yo; separated; lives alone; home owner; retired; UK migrant; Onkaparinga]

Streets & Footpaths in Bad/Good Condition

There were significant differences in respondents' perceptions of the condition of streets and footpaths between all postcodes except that between Burnside and Onkaparinga. Playford respondents reported the most negative assessments, followed by Prospect respondents. Burnside and Onkaparinga respondents were more positive in their perception of the condition of streets and footpaths in their neighbourhood, with the latter rating it as 4.6 out of a 7-point scale.



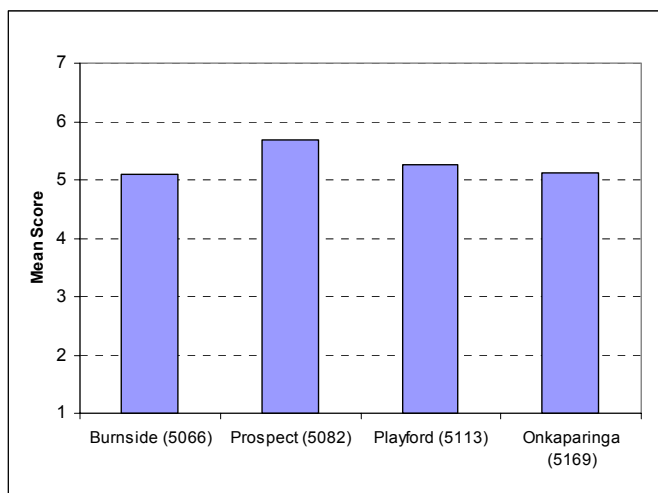
4.3 Perceptions of Neighbourhood Services and Amenities

The survey also asked respondents about the services and amenities in their neighbourhoods. Figures 4.4 to 4.6 show the different perceptions of services and amenities by postcode. All answers were arranged on a 7-point scale with 1 representing "very poor" and 7 meaning "very good".

4.3.1 Public Transport

Due to its location close to the city centre, Prospect respondents were most likely to rate public transport in their neighbourhood as good (Figure 4.4), while the others showed less satisfaction. The only significant difference existed between Prospect and the other three postcodes.

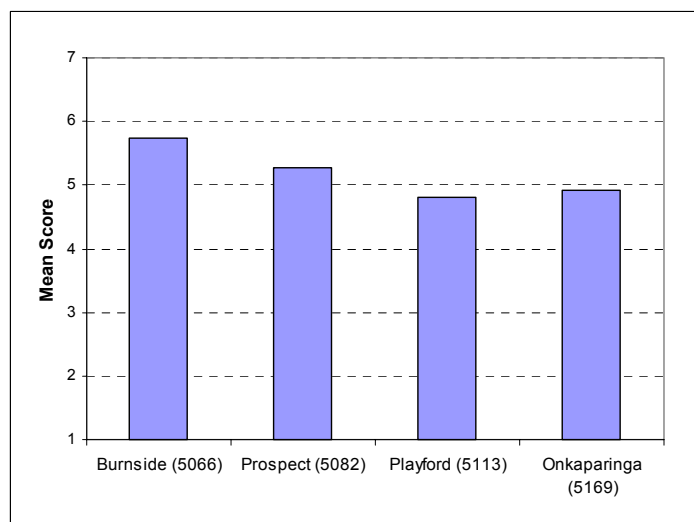
Figure 4.4 Mean score rating of public transport in neighbourhood as poor/good



4.3.2 Health Services

Respondents in the four postcodes were generally happy with health services, though there were significant differences between each with a gradient in scores ranking from high in Burnside, through Prospect then Onkaparinga to low in Playford (Figure 4.5).

Figure 4.5 Mean score rating of health services in neighbourhood as poor/good



Such findings were supported by the qualitative data, with those interviewed generally reporting satisfaction with the provision of health services in their neighbourhood as shown in the following examples:

"We've been fortunate that we have a very good clinic close by and they're fantastic. I've had to use them as an emergency. They were brilliant. They organised a prescription with the local chemist and all you had to do is go and pick it up.... When I rang up I said can you do this and they said yeah, they know me, that'll be fine...So from that perspective, the familiarity gives you that support and that safety net or lifeboat or whatever you want to call it." [Maria; 49 yo; married, lives with husband; home owner; works full time; Burnside]

"We have got the Allcare Medical Centre. There is 15 doctors there so I go there, the kids go there, my dentist is in the same facility, there is a physio there, there is a psychologist there, there is a dietician there, so we have used it ever since it has opened plus down at North Park there is a whole lot of doctors, there's five dentists on this main strip." [Evan 51 yo; married; lives with wife and children; home owner; works full time; Prospect]

"We have a wonderful doctor, he's at Elizabeth too and we've had him now for 20 odd years. I mean we've had different ones when we've been away but we've always come back to him; he knows us and he'll come out to see us if we're sick which is a big thing because not many doctors will come out." [Anne; 66 yo; lives with husband; home owner; carers pension; UK migrant; Playford]

One participant from Playford in the photo-voice exercise also photographed his local hospital as an illustration of what he liked about his area:



Playford

Some of the residents interviewed in Onkaparinga, however, reported what they perceived to be a scarcity of medical services in the area:

"The medical services down here are very light on, particularly further south." Julian; 83 yo; married; lives with wife; home owner; retired; Onkaparinga

Interviewer: *"You have alluded a bit to this already, but how satisfied are you with the provision of GP services and Community Health Services in this area?"*

Jennifer: *I think it is appalling. They are going to build a development over here with 6000 more houses and you know there has been lots in the paper about where they can't even pick up the rubbish for it and it is just they don't have the sewerage facilities, they don't have the rubbish, they don't have the doctors surgeries, the schools can't cater for it but it seems to be money that guides people..."* [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]

Several residents in Playford and Onkaparinga expressed their concern for a lack of services responding to mental health issues and social problems:

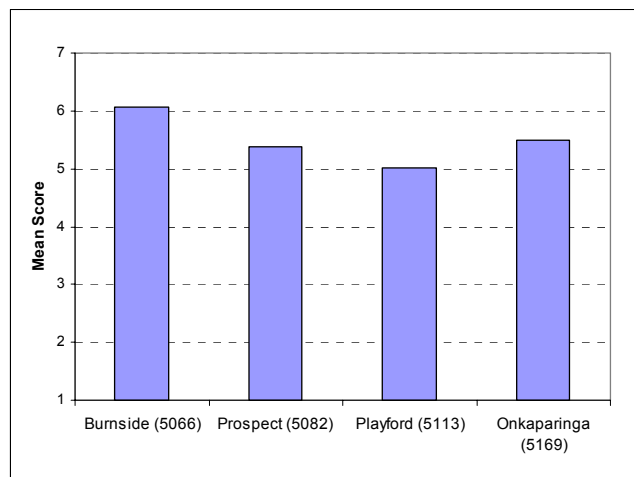
"My son's got or had, I don't know how he's got on recently, but I mean he had this pokie problem and you know fell out with family over it and you know he had nowhere to go... I phoned up to see if he could go and see one of these people that help you." [Jack; 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

"I think there is a huge problem with mental health issues. You know I know a couple of homeless people who are just wandering around living in the sand dunes and stuff like that and they can't get accommodation and they can't do anything. The only alternative is Glenside [mental health facility] and if they are not bad enough to go to Glenside they don't have any alternative." [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Playford]

4.3.3 Shops and Recreational Facilities

Respondents in the four postcodes were generally positive in their assessment of the provision of shops and recreational facilities in their neighbourhoods (Figure 4.6), with significant differences between all postcodes except that between Prospect and Onkaparinga. The mean score in Burnside was 6 on a 7-point scale, significantly higher than all the other areas. The mean was around 5.5 in both Onkaparinga and Prospect. In Playford, people gave a mean score of 5 for shops and recreational facilities, significantly lower than the other three postcodes. While these perceptions also include shops, they do somewhat mirror the relative rates of sporting and recreational facilities identified in the area (section 3.2.5).

Figure 4.6 Mean score rating of shops and facilities in neighbourhood as poor/good



In terms of shopping facilities, most interview participants felt that the shops and amenities in their neighbourhoods were more than adequate:

"At the bottom of the hill we have a little supermarket, a doctor, a dentist, a pharmacy, the pub is just over there, not that we really go there very often and The Village [shopping centre] is very close." [Edith 74 yo; widowed; retired; lives alone; home owner; UK migrant; Burnside]

"I tend to use the local chemist shop on Prospect Road and Adelaide Fresh that is a really good place to get just about everything. I go up to Woolworths at North Park. For things like car repairs I go out of the district but tyres I get from the local area. Swim Centre I have used that. A gym down at Ridleyton, so I know it is out of this area but there wasn't really a gym in Prospect. There is one on Churchill Road further down that way." [Simone 61 yo; married; lives with husband; home owner; works part time; Prospect]

Several of the people interviewed in the Onkaparinga postcode area mentioned a lack of shops where they could purchase household items and clothing:

"The shopping centre is limited but you can still get to Marion [large shopping centre] or to town... There's not a lot of clothes and stuff like that and for the house like sheets and things. Not things you buy every week." [Vivian; 72 yo; retired; home owner; lives with husband; UK migrant; Onkaparinga]

"I think it could do with more – if I wanted to buy some clothes for instance, there's nothing in here. Not a thing. Electrical stores, hardware stores. Not even a hardware store in this area. There used to be. It's gone. That type of stuff. Just not available. The only thing that is here is medical, dental and food." [Gordon; 42 yo; single, never married; lives alone; home owner; works full time; Onkaparinga]

"It's probably a shame there's not a few more shops, but they'll get there. They're certainly expanding...A variety store, like a Big W or something...Because I don't like going to Colonnades [large shopping centre]. I usually go to Colonnades if I need clothes or anything like that." [Ruth; 42 yo; married; lives with husband and kids; home owner; unemployed; Onkaparinga]

The issue of whether or not there are differences in the way in which men and women access and use shops and other locations within neighbourhoods for social reasons was explored as part of an Honours research project undertaken by Joanne Payne as part of this study. The findings from this project are summarised below:

DOES GENDER INFLUENCE THE WAYS IN WHICH INDIVIDUALS ACCESS AND USE 'LOCAL OPPORTUNITY STRUCTURES'?

Local opportunity structures are the '... socially constructed and socially patterned features of the physical and social environment which may promote or damage health either directly or indirectly through the possibilities they provide for people to live healthy lives.'
(Macintyre & Ellaway 2000, p. 343).

A case study of two socio-economically contrasting neighbourhoods (Burnside and Playford) identified that gender does influence the ways in which men and women access and use local opportunity structures within their local area. The qualitative analysis of this study suggests that women are more likely to use local opportunity structures and more so as a means of maintaining or establishing their social networks. Further to this, women in Playford were more likely to do this at the micro-level of their neighbourhood, whereas women in Burnside tended to do this at a wider range of local opportunity structures; this occurred both within and outside of their neighbourhood. Men in Playford were even less likely to do this, and men in Burnside were more likely to do so as a way of obtaining a resource (such as access to facilities at a sporting club).

Not only did gender impact on these occurrences, but household income certainly contributed to the access and use as well as the types and range of local opportunity structures available to those individuals in the more disadvantaged neighbourhood.

Macintyre, S. & Ellaway, A. 2000, 'Ecological Approaches: Rediscovering the Role of the Physical and Social Environment', *Social Epidemiology*, (eds.) L. Berkman & I. Kawachi, Oxford University Press, New York.

Open spaces and recreational facilities

While residents in Burnside, Playford and Onkaparinga felt that their neighbourhoods were well served in terms of open spaces and recreational facilities, several of those interviewed in Prospect commented on inadequate open space such as parks and playgrounds in their neighbourhood.

"There is not much parkland. There is a little one block park at the end of our street which is good for grandchildren and things like that...There is not much green land you know. There is a new place down on Churchill Road down towards Kilburn or Islington. There is a new open area down there but that is just a bit far away for us." [Maxine; 61 yo; lives with husband; home owner; works part time Prospect]

"I think the green space for the kids to go off and do their things is a bit limited so that is the only thing I could, open space, there isn't I think a lot, but then I don't think there is a lot in any suburb, a lot of sporting facilities you have to go to a local, like netball, you couldn't play netball here, from the girls' point of view there isn't a lot here for them to do their sporting stuff." [Evan; 51 yo; married; lives with wife and children; home owner; works full time; Prospect]

"Usually when I go walking I go over to my daughter's at Ridleyton...They have got many more parks than we have and places, sort of walking areas you can go on. So I don't find walking here is a very thrilling experience." [Simone; 61 yo; married; lives with husband; home owner; works part time; Prospect]

Many of the participants in the photo-voice exercise from Burnside, Onkaparinga and Playford included photographs of parks and playgrounds as positive features in their neighbourhood, such as the image below of a park in Burnside:



Burnside

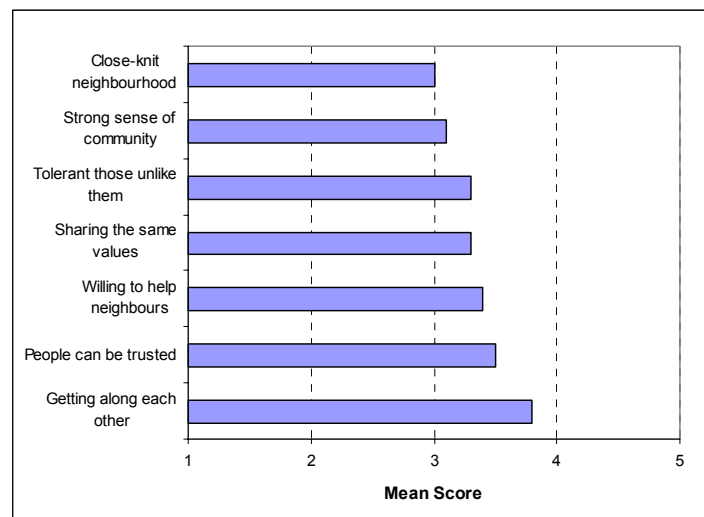
4.4 Perceptions of Neighbourhood Social Life

4.4.1 General Perceptions of Neighbourhood Cohesion

The survey investigated respondents' perceptions of their neighbourhood's social life. Respondents were asked to rate their attitudes to a number of statements on a 5-point scale ranging from 1 "strongly agree", to 5 "strongly disagree" with 3 being "neutral". These were reverse coded so that higher scores represented more positive assessments of perceptions of neighbourhood cohesion. Figure 4.7 shows the average scores on seven statements about neighbourhood cohesion from respondents in all postcodes. In general, respondents appeared positive, although there was little agreement with the statement that "This is a close-knit neighbourhood", with most respondents tending to rate their attitudes to this statement as "neutral".

More respondents agreed with the statements that "People around here get along with each other", "People around here can be trusted", and "People around here are willing to help their neighbours". Fewer respondents agreed with the statements "People around here share the same values", "People around here are tolerant of others unlike them", and "There is a strong sense of community".

Figure 4.7 Mean score rating of neighbourhood cohesion



4.4.2 Perception of Neighbourhood Cohesion by Postcode

Table 4.2 presents the percentages of respondents by postcode who strongly/moderately agreed with the aspects of cohesion in their neighbourhood.

Neighbourhood is perceived as close-knit

For the overall statement that "This is a close-knit neighbourhood", the only significant differences were that between Playford and other three postcodes. Thirty percent or more of respondents in Burnside, Prospect and Onkaparinga agreed that their neighbourhood was "close-knit", whereas less than 20 percent of Playford respondents did so.

Neighbours willing to help each other

There were significant differences in the perception that neighbours were willing to help each other between Playford and the other three postcodes. More than half of the respondents in Burnside and Onkaparinga and 49 percent in Prospect agreed with the statement that their neighbours were willing to help others. In contrast, only 36 percent of Playford respondents agreed with this statement.

Neighbours getting along with each other

There were significant locational differences in respondents' views about the extent to which neighbours got along with each other, except that between Prospect and Onkaparinga. Three-quarters of respondents in Burnside agreed that neighbours got along with each other, while nearly 70 percent of respondents from Onkaparinga and a little less than two-thirds of respondents from Prospect did so. In the case of Playford only 45 percent of respondents believed that their neighbours generally get along with each other.

Table 4.2 Percentage who strongly/moderately agreed with statements of neighbourhood cohesion

LOCATION/ASPECTS OF NEIGHBOURHOOD COHESION	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Neighbourhood perceived as close-knit	33	30	19	31
Neighbours willing to help others	55	49	36	54
Neighbours getting along with each other	75	65	45	69
Neighbours sharing the same values	53	42	23	43
Neighbours can be trusted	73	59	28	56
Neighbours having a sense of community	42	38	18	36
Neighbours tolerant with others unlike	45	48	28	43

Note: Statistical test results are presented in the following text.

Neighbours sharing the same values

There were significant differences between postcodes in perceptions that neighbours shared the same values, except that between Prospect and Onkaparinga. In Burnside more than half of the respondents considered that their neighbours shared the same values. More than 40 percent of respondents in Prospect and Onkaparinga considered that their neighbours shared the same values, while in Playford nearly one-fifth of respondents believed that their neighbours shared the same values.

Neighbours can be trusted

There were significant differences between all postcodes except that between Prospect and Onkaparinga in respondents' perception that neighbours could be trusted. The level of trust between neighbours was the highest in Burnside, followed by Prospect and Onkaparinga. The level of trust was the lowest in Playford, where only 28 percent of respondents considered their neighbours to be trustworthy.

The qualitative interviews further demonstrated that most people trusted their neighbours in each of the case study postcodes, but this depended on the extent to which the neighbours were known to the respondents:

Interviewer: "Would you say that you trust most of the people who live in your neighbourhood?"

Vivian: *Yep, because they don't interfere with what you are doing or anything like that and they talk to you when they go out.*" [Vivian 72 yo; retired; home owner; lives with husband; UK migrant; Onkaparinga]

Interviewer: "Would you trust people in your neighbourhood do you think more than people in general?"

Michelle: *Oh, just slightly more I think. It's just human nature I would imagine, yeah, people that you know more. But I'm a fairly trusting person, I trust people until they prove themselves untrustworthy*" [Michelle; 33 yo; married; lives with husband and children; home owner; self employed; works full time; Prospect]

"[My wife] tells me I'm probably too trusting of people, For example the pizza guy will come along and I'll invite him to bring the pizza in and [Kate] says no keep him at the front door. So yeah I'm probably a trusting person...look to my neighbours yeah I trust [Steve]. When I get to know [Pete] I'll probably trust [Pete]. I trust the lady over the road and I trust the man here next to [Steve] [Steve] and [Pete], I see them every day and I chat to them and I get to know them really well as opposed to Joe Bloggs living there, I don't know him from a bar of soap." [Marcus; 45 yo; married; lives with wife and children; home owner; works full time; Burnside]

"The bloke over the road here is really good. I think he's a copper... This bloke over there is good. I trust him. I mean he looks after my place when I go away and I look after his...The bloke next door here is a young fellow, yes I trust him. We're safe. Yes I trust the people...They're all workers aren't they, There's a nurse over the road here and they're always working hard, the four of five of them, working, so you'd have to trust workers wouldn't you?" [Jack 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

Neighbours having a strong sense of community

There were significant differences in perceptions of a strong sense of community between respondents in Playford and in the other three postcodes. More than 40 percent of respondents in Burnside, 38 percent in Prospect, and 36 percent in Onkaparinga agreed with the statement. Only one-fifth of Playford respondents considered that their neighbours had a strong sense of community.

Neighbours being tolerant of others unlike themselves

Once again there were significant differences in perceptions of tolerance of difference between Playford and the other three postcodes with only 28 percent of Playford respondents agreeing that residents were tolerant of others unlike themselves, compared to over 40 percent in the other areas.



4.5 Chapter Summary

This chapter presented the perceptions of the survey and interview respondents in terms of aspects of their neighbourhood's physical environment and social life.

In terms of aspects of the physical environment, such as quietness, cleanliness, pollution, housing density, and housing conditions, Burnside respondents were consistently the most likely to rate neighbourhood characteristics positively and Playford respondents the least likely to do so. Prospect respondents were more likely to report negative perceptions of traffic and the condition of streets and footpaths than those in the other three postcodes. In terms of neighbourhood services and amenities, Burnside and Prospect respondents rated the availability of health services and shop and recreational facilities more positively than the other two postcodes. Nonetheless, Prospect respondents rated public transport more positively than their counterparts in the other three postcodes.

In terms of the socio-cultural aspects such as reputation, safety and friendliness, in general, Burnside respondents rated their neighbourhood the highest and Playford respondents the lowest.

Respondents were generally positive about the cohesion of their neighbourhood, though there were some significant differences between postcodes. Again in general Burnside respondents rated their neighbourhood the highest and Playford respondents the lowest, while there were no significant differences between Prospect and Onkaparinga. Playford respondents were less likely than those in other areas to consider their neighbours trustworthy, willing to help others, getting along with each other, sharing the same values and to be tolerant with others unlike themselves.

Chapter 5 Social Networks, Help and Assistance, and Trust

This chapter provides an overview of the findings concerning social networks and activities of survey and interview respondents. It presents their perceptions of the availability of reciprocity, and help and assistance in daily life, and their generalised levels of trust in Australian people, governments and big business.

KEY POINTS:

- Three-quarters of respondents across the four postcodes participated in some group activities (e.g. sporting, religious, school related). Playford had the highest proportion of non-participants (36%) and Burnside the lowest (17%).
- Burnside had the highest level of volunteering (37%) and Playford the lowest (24%). However, of the respondents who did volunteer those in Playford spent the most time on their volunteer activity.
- Burnside residents had significantly less face-to-face contact with relatives than respondents in the other three areas.
- Respondents in Burnside, Prospect and Onkaparinga were more likely to be happy with their social life.
- Burnside respondents were more likely to know people in the same or similar social groups.
- Playford respondents knew a more diverse range of people through social activities.
- Burnside respondents reported the highest level of civic activity and Playford the lowest.
- Playford reported lower levels of reciprocity and that they had less help available to them.
- Boycotting or deliberately buying certain products for political, ethical or environment reasons, contacting the council or local councillor and signing a petition were the most common forms of civic participation.
- Playford residents reported the highest levels of voting in local government elections.
- Respondents in Playford had less people available to offer help to talk about personal problems or to make important decisions, provide practical help, to borrow money from, to provide information for job searching, and advise on financial management.
- There were significant locational differences in levels of trust, with Burnside and Prospect respondents having the highest level of trust in big business and government. Playford respondents had the lowest levels of trust in big business, government and Australians in general.
- Playford had the greatest number of socially isolated people.

5.1 Social Networks and Activities

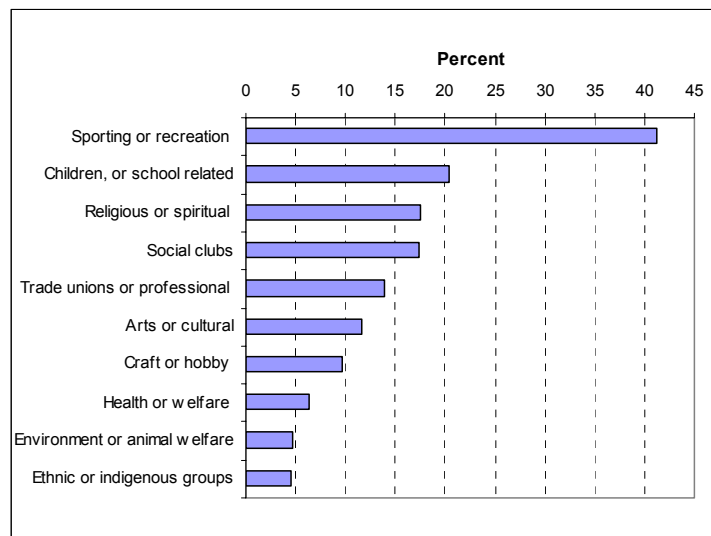
This section reports on social networks according to the types of activities people were involved in, including group activities in community groups/organisations, social activities with relatives and friends and both individual and group civic participation.

5.1.1 Group Activities

Type of Group Activities

The survey asked the respondents if they had participated in the activities of community groups/organisations on more than one occasion in the past 12 months. About three-quarters of respondents indicated that they had. Figure 5.1 shows the top ten group activities in which respondents were most frequently involved. Sporting or recreation groups were the most common, with more than 40 percent of respondents having taken part.

Figure 5.1 Top ten group activities in which respondents were involved in the past year



The qualitative interviews provide a more detailed picture of people's participation in these activities:

"Wednesday I play croquet at Aldinga and tennis in the afternoon and bridge on Wednesday night... Friday I play tennis again. Saturday I play croquet or cricket. On Sunday I like to fairly regularly play in a croquet tournament." [Malcolm; 65 yo; married; lives with wife; home owner; unemployed; Onkaparinga]

"Tennis I play Wednesday morning and Sunday morning. Wednesday is all girls and Sunday is mixed. And aqua-aerobics I go sometimes it's once a week, sometimes it's five times a week." [Melanie; 72 yo; widowed; home owner; lives alone; retired; Burnside]

"With the golf I play, sometimes I play five times a week...We watch our grandkids play football or soccer they call it over here...One of my grandsons plays for Elizabeth Patriots and he's really good. He's eighteen and he's playing for the Under 23s." [Jack; 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

The second most frequent group activity that people were involved with was children, parenting or school related with more than 20 percent of respondents actively involved. Again, the qualitative interviews illustrate the nature of this participation and give some idea of respondents' motivations:

"Sundays is usually surfing. The kids have surfing comps on Sundays. Saturdays Surf Lifesaving. We have got 3 children at home and time is just taken up with their stuff really...We do end up just doing kids stuff a lot of the time." [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]

"Tuesday morning take the kids to school, come home, go to work. On Tuesday [Sally] has nothing, but [Victoria] has netball... Wednesday is touch practice, so that's down at the Greenhill Roads and [Sally] has basketball practice as well. Thursday is a day and a night home. Friday we play basketball and Saturday [Victoria] plays netball and Sunday [Sally] goes to basketball practice as well and they have touch practice as well. So my life at the moment is really about running kids around." [Marcus; 45 yo; married; lives with wife and children; home owner; works full time; Burnside]



The next most common group activities were those in the religious or spiritual groups/organisations (18%) and social clubs (17%). The qualitative interviews once again provide examples of how this fits into their lives:

"Most of my actual activities would be involving my church.... Monday, Tuesday mornings we go up to [Fred] and [Sandra's], that is the pastor and his wife and we have a ladies bible study and a general get together and a good old gossip. Wednesday night is home group at [Fred] and [Sandra's] which is over in Rosewood." [Jo; 67 yo; divorced; lives alone; public housing; UK migrant; Playford]

"Usually we go to church once a week...Once a month it's cleaning the church, which the wife and I do our share. Once every 6 weeks you've got to do the tea, morning tea and things like that. You do that as a regular." [John; 83 yo; married; lives with wife; home owner; retired; Onkaparinga]

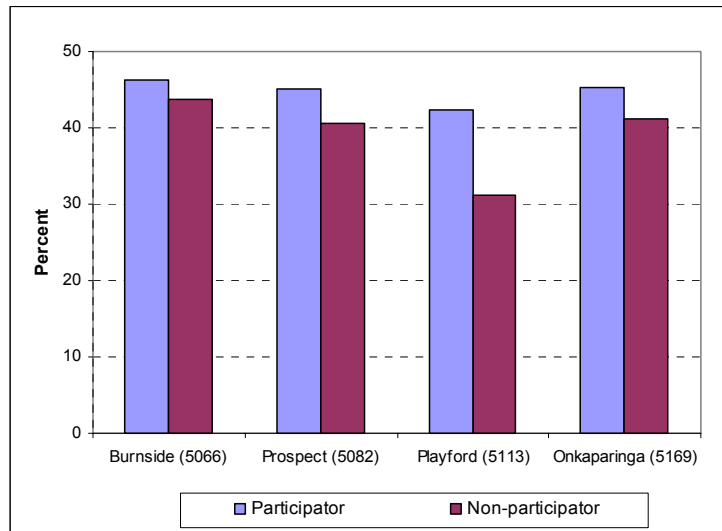
"I go to Mass on Tuesdays, Thursdays, Saturdays and Sundays. We used to have Mass every day and I used to go every day and Wednesday evening I am at choir practice... and the third Thursday of every month I take Holy Communion down at the Salvation Army, there's about seven or eight Catholics down there and I love doing that." [Edith; 72 yo; widowed; home owner; lives alone; retired; Burnside]

About 14 percent of people were involved in the activities of trade unions or professional or technical groups. Other group activities were from groups/organisations in arts or cultural (12%), craft or hobby (10%), health or welfare (6%), environment or animal welfare (5%), and ethnic or Indigenous (5%).

While the majority of respondents were involved with community groups/organisations, it is worth noting that nearly one-quarter of respondents had not participated in any group activities in the past 12 months. In addition, another 5 percent of respondents reported that they never participated in any group activities, although they had joined one or more groups/organisations. Here we group them together as non-participants. The proportions of non-participants in the four postcodes were distributed in the following order: Playford (36%), Onkaparinga (30%), Prospect (24%), and Burnside (17%) with significant differences between all of them.

The survey asked both participants and non-participants whether they would like to be more involved in group activities. Overall, only 38 percent of non-participants compared with 45 percent of participants said "yes". Figure 5.2 shows the proportion in each postcode of both participants and non-participants reporting that they would like to have been more involved in group activities. In general, there was a higher proportion of participants than non-participants who would like to have been more involved in group activities in each postcode. The gap was not very great except in Playford, where 44 percent of participants had intended to be more involved in group activities, as opposed to 30 percent of non-participants.

Figure 5.2 Respondents who would like to have been more involved in group activities



The survey also asked both participators and non-participators about their main reasons for not being more involved. Among the 11 options offered in the questionnaire, most respondents emphasised seven reasons (Figure 5.3). For participators, the most important reason was "lack of time due to paid work" (27%), then "can't afford to" (13%) and "lack of information/knowledge about how to get involved"(10%). Non-participators also named these three as the most important reasons, but the proportions were different. For example, only 23 percent of non-participators claimed "lack of time due to paid work", but more respondents reported "can't afford to" (14%), and then "lack of confidence" (10%) and "no one to go with" (10%).



Figure 5.3 Main reasons for not being more involved in group activities

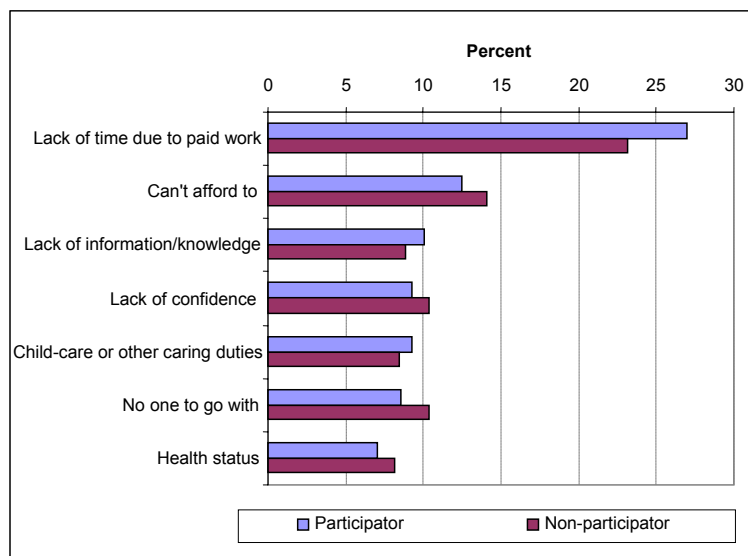


Table 5.1 further presents the locational differences in reasons why non-participants were not willing to be more involved in group activities. There were only two reasons with significant locational differences. The first reason was “lack of time due to paid work” with significantly less respondents in Playford than Prospect and Onkaparinga claiming this. The second reason is “can’t afford to” and there were significant differences between Burnside and both Playford or Onkaparinga with many fewer Burnside respondents reporting this. To some extent, this may reflect the fact that low socio-economic status may prevent respondents from more group participation.

Table 5.1 Percentage distribution of why non-participants were not willing to be more involved in group activities

REASONS OF NON-PARTICIPATION/LOCATION	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Lack of time due to paid work	24	26	15	30
Can't afford to	5	11	19	16
Lack of information/knowledge	10	12	10	6
Lack of confidence	8	13	12	8
Child-care or other caring duties	4	10	9	10
No one to go with	10	13	13	7
Health status	7	6	10	8

The qualitative data provide further illustration of these barriers to participation, with many of the people interviewed citing a lack of time due to work as being an obstacle:

"There aren't any barriers really except the fact that once you have worked all day you come home and you just really want to have your own space." [Simone; 61 yo; married; lives with husband; home owner; works part time; Prospect]

"Working full time it's hard to really be involved in that....I think it's really hard these days to really see that because of so many people working" [Maxine; 54 yo; divorced; lives alone; home owner; works full time; Onkaparinga]

Financial constraints were also mentioned by some of the people we interviewed:

"The only thing I'd love to be able to do, and I used to do it, ten pin bowling, but I just can't afford to do that, it's so expensive.. Occasionally, we'll take the kids and have a social game but it's very, very costly." [Ruth; 42; married; lives with husband and kids; home owner; unemployed; Onkaparinga]

"Because I am only on the dole at the moment and with a mortgage too you have to watch every cent. Because I have to keep the car going otherwise I am house bound. But when I used to do the other activities I was always trying everything. But everything just sort of got too expensive and that." [Lyn, 59 yo; divorced; retired; lives alone; home owner; Playford]

For one young woman in Onkaparinga, being a single parent was also a barrier to her involvement in various activities:

"I went out more with people from work at night and things like that – I don't do that now. I mainly don't do that now because I don't have any time to myself anymore; like he doesn't stay over his dad's anymore so I can't go out and I don't really have anyone to have him unless I ask a friend and I hate doing that because I feel you know it's a burden on them but once he starts school I'm gonna go back to work and so it will pick up." [Kirsty; 28 yo; single, never married; sole parent with kids; home duties; home owner; UK migrant; Seaford]

Volunteering

A total of 29 percent of respondents across the four postcodes reported having volunteered regularly in the past year, although the proportion differed in each postcode. More respondents in Burnside, 37 percent, volunteered on a regular basis, with 28 percent in Prospect and around one-quarter in Playford and Onkaparinga (Table 5.2). The older age structure in Burnside would account for some of this difference. For those respondents having volunteered regularly in the past year, the Playford respondents spent more time, about 20 hours in an average month. Burnside and Onkaparinga respondents spent about 16 hours, and a little less in Prospect (see Table 5.2).

Table 5.2 Percentage of respondents who volunteered regularly and average hours per month spent in the past year

LOCATION	PROPORTION OF VOLUNTEERING REGULARLY IN THE PAST YEAR	AVERAGE HOURS SPENT VOLUNTEERING
Burnside (5066)	37	16
Prospect (5082)	28	13
Playford (5113)	24	20
Onkaparinga (5169)	26	16

Again, the qualitative interviews provide further illustration of the kinds of activities and organisations for which people volunteered:

"Actually I volunteer... we volunteer generally from the community centre and the library; we show films every couple of weeks for the seniors and that." [Gavin 74 yo; married; lives with wife; home owner; Burnside]

"I've been a member of Legacy for 38 years and I have 6 or 8 widows down here that I call on, or see regularly to make certain they are, any problems I can help them with." [Julian; 83 yo; married; lives with wife; home owner; retired; Onkaparinga]

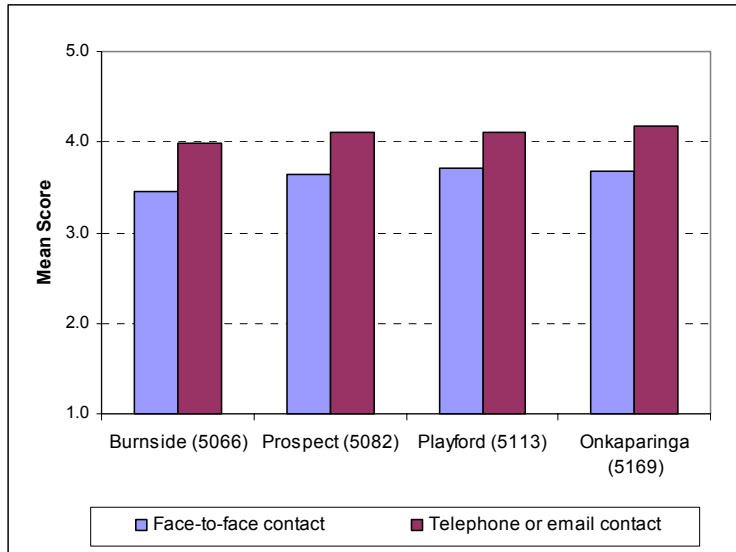
"I've always believed in being involved if you're a member you've got to be involved...I just finished treasurer at the croquet club for about nine years, ten years something like that." [Malcolm 65 yo; married; lives with wife; home owner; unemployed; Onkaparinga]

5.1.2 Social Activities

Contact with relatives

The survey asked respondents how often they had contact with their relatives, either on a face-to-face basis or using telephone or email. The answers were arranged on a 6-point scale ranging from 1 which meant contact occurring "every day" to 6 representing "less often". These scores were reverse coded so that a higher score indicated more frequent contact. In each postcode area, respondents had less face-to-face contacts with their relatives than by telephone or email contact (Figure 5.4). Of the four postcodes, respondents in Burnside had significantly less face-to-face contact with their relatives than respondents in the other three postcodes. Respondents in Burnside also had significantly less telephone or email contacts with their relatives than those in Onkaparinga.

Figure 5.4 Mean score for face-to-face contact or telephone/email contact with relatives



The qualitative interviews provide further description of the sorts of social contact people had with their relatives:

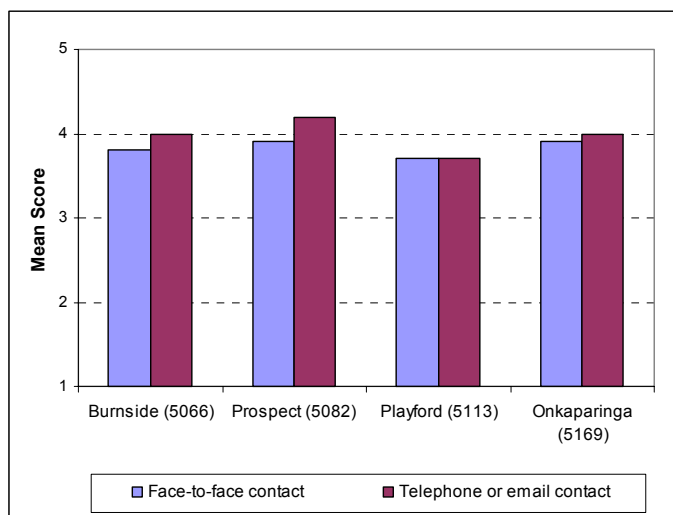
"Well, roughly once a week, or once a fortnight, usually we go across to the hotel with the daughter and the son-in-law and we have tea. It all depends on what, whether they're working or not." [Justin; 83 yo; married; lives with wife; home owner; retired; Onkaparinga]

"They come here for dinner or I go there for dinner. I've only got the one grandson, but [John's partner] has a daughter aged 9 so I might take her to school and [Liam's] 4 so he's just started at Pembroke. So that's changed my life completely because I had him every Thursday and I used to take him to Kinder-Gym. But he's been here I suppose three times in the last week and they both came up with my son to play tennis before dinner the other night and I'll have [Liam] tomorrow whilst they go out for lunch. So I see them a lot." [Melanie; 72 yo; widowed; lives alone; home owner; Burnside]

Contact with friends

The survey also asked respondents how often they had either face-to-face contact or telephone or email contact with at least one of their friends. The answers were arranged on a 6-point scale ranging from 1 representing "every day" to 6 representing "less often". Scores were again recoded so that higher scores indicated more frequent contact. Respondents in Prospect had significantly more face-to-face contact than those in Playford. Compared to respondents in the other three postcodes, Playford respondents had significantly less telephone or email contact with friends, and Prospect respondents had more telephone or email contact than Onkaparinga respondents (Figure 5.5).

Figure 5.5 Mean score for face-to-face contact or telephone/email contact with friends



The qualitative interviews expand on the kinds of activities involved in having social contact with friends:

"Monday, Tuesday, Friday and Saturday I usually go to my friends and we play Scrabble, watch TV, gossip that sort of thing. We try and get out for lunch once a month. Usually for lunch not a tea. Sometimes we will go for tea and then go to the pictures. It can either be here or at Gawler, whichever one has got the best movies on." [Lyn, 59 yo; divorced; retired; lives alone; home owner; Playford]

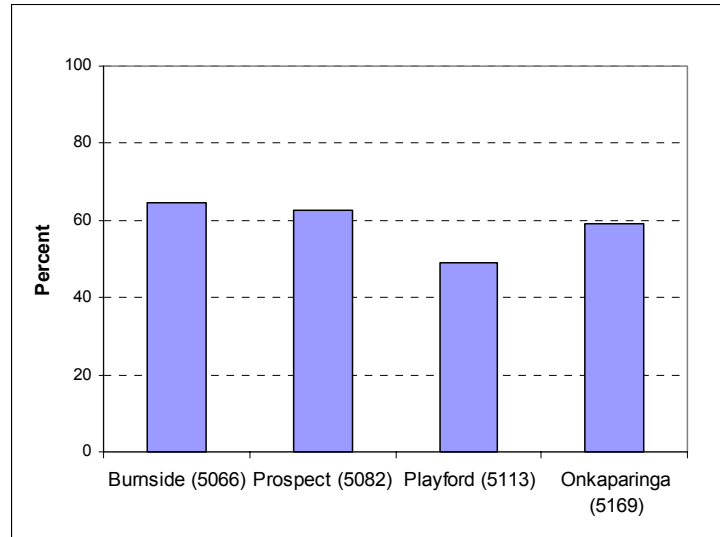
"We go regularly to a Café down at Port Noarlunga. We often go there for a meal. We try and do that once a month. We have actually only started doing that probably in the last 6 months because everybody found their life was so busy and we weren't doing that sort of stuff so actually now what we do is make an effort." [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]

Marcus: *"I am in the six and five club which is a boys club that drink.*
Interviewer: *Six and five?*
Marcus: *Six beers and a five year old bottle of red. That's what you have to take to enter into the club and we play cards till about two in the morning.*
Interviewer: *How often do you do that?*
Marcus: *Well we started off doing once every two months, we're now once a month, but I don't drink... It really is just a way of keeping in connection with six or five really good mates. And we'll get full, well they all get full, and I end up driving them home, but it's just a way to have a night out with the boys and have a stress relief or whatever we're doing."* [Marcus; 45 yo; married; lives with wife and children; home owner; works full time; Burnside]

Satisfaction with social life

In the survey, respondents were asked to rate the extent to which they were satisfied with their social life on a 5-point scale ranging from 1 which meant "very dissatisfied" to 5 representing "very satisfied". Figure 5.6 shows the proportion of respondents in four postcodes who were happy with their social life. Over 60 percent of respondents in Burnside and Prospect were "satisfied" or "very satisfied" with their social life. Slightly less respondents were satisfied with their social life in Onkaparinga and this was significantly less than those in Burnside. A little less than half of respondents in Playford were satisfied with their social life, significantly less than respondents in the other postcodes.

Figure 5.6 Proportion of respondents reporting being satisfied with social life



Knowing people in the same or similar social groups through social activities

The survey asked the respondents about the extent to which people they knew through social or group activities were the same or similar to them in terms of ethnic or cultural background, level of education, household income level and age group, to gauge the extent to which their social networks were homogeneous or heterogeneous. Table 5.3 shows the percentages of respondents reporting as knowing most or all people who were in the same or similar categories in these respects.

Table 5.3 Percentage knowing most or all people in the same or similar social groups through social or group activities

SOCIAL GROUPS/ LOCATIONS	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Ethnic or cultural groups	65	59	40	56
Level of education	68	52	41	50
Household income level	48	39	37	43
Age group	61	55	44	56

More respondents in Burnside knew most or all people who were from the same or similar backgrounds through their social activities, while very few people in Playford did so. More than half of the respondents in Prospect and Onkaparinga knew people in the same or similar backgrounds through social activities. It is noteworthy that nearly one-third of Playford respondents and nearly 20 percent of respondents in Onkaparinga reported not knowing people of similar ethnic and cultural background through social or group activities. Furthermore, in relation to knowing people of the same or similar level of education and household income through social or group activities, about 15 percent of respondents in Playford and 10 percent in Onkaparinga reported knowing none of these (not shown in Table 5.3).

Respondents were asked to indicate if they knew people through their social and group activities who were in certain occupations listed in the survey form in order to examine the extent to which they had links to individuals in potentially powerful positions. Responses in the four postcodes showed similar patterns. The most nominated occupations were: health professionals (34%), teacher or university lecturer (10%), senior manager in a big company (8%). Other occupations included: senior person in a government department (3%), religious leader (3%), police officer (1%), local councillor (1%) and lawyer/judge (1%). Significant numbers of respondents did not know anyone from any of these professions. This is discussed in Section 5.4.

5.1.3 Civic Activities

Respondents were asked about their participation in a range of civic activities in the last 12 months, including general civic activities, local civic action and voting in local government elections. More than half of respondents in all the postcodes did not undertake any of these activities. Overall Burnside residents reported the highest level of civic participation.

Participation in general civic activities

Across the postcodes, boycotting or deliberately buying certain products for political, ethical or environmental reasons, and signing a petition were the two most common forms of general civic participation. But there were significant differences between postcodes with significantly fewer Playford respondents undertaking these two activities than those in the other three areas.

Burnside respondents were significantly more likely to contact an MP than their counterparts in the other three areas. There were significantly more Prospect respondents who attended a protest meeting than those in Playford and Onkaparinga. However, significantly fewer respondents in Prospect than in Burnside wrote a letter to editor or phoned radio in the last 12 months (Table 5.4).

Table 5.4 Percentage participating in at least one civic activity regarding political issues in the past year

CIVIC ACTIVITIES/LOCATIONS	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Contacted an MP	14	10	8	10
Signed a petition	40	40	31	43
Attended a protest meeting	8	11	4	6
Written a letter to editor or phoned radio*	11	7	8	7
Deliberately boycotted or bought certain products	43	39	21	35

**Prospect and Onkaparinga had slightly different percentages before rounding which accounts for the difference between Burnside and Onkaparinga not being significant while that between Burnside and Prospect was.*

Participation in local issues

In terms of participation in local issues, significantly more respondents in Burnside than in the other areas attended a community consultation/public meeting. Significantly less respondents in Playford than in other areas contacted a council or local councillor for local issues. There was significant difference between Playford and Prospect in relation to reporting a neighbourhood problem with Playford having more respondents making a formal complaint on a neighbourhood problem than Prospect. There were no significant locational differences for respondents talking to people nearby about local issues (Table 5.5).

Table 5.5 Percentage participating in at least one civic activity relating to local issues in the past year

CIVIC ACTIVITIES/LOCATION	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Contacted a council or local councillor about a local issue	35	31	24	31
Attended a community consultation/public meeting	18	11	9	12
Talked to people nearby about local issues	51	45	46	48
Made a formal complaint on neighbourhood problem	18	15	23	18

The qualitative interview data provides further illustration of the kinds of civic activities in which people were involved.

Signing petitions:

"We've had a couple of petitions down at the Church and I also had one about not very long ago a letter it was talking about some subdivision up near Duncan Road or something." [Edith; 74 yo; widowed; retired; lives alone; home owner; UK migrant; Burnside]

"I signed two over at the shops...something was going to happen in the neighbourhood and we didn't agree with it...yeah if there is something that needs signing and I think it is ok I will do it." [Jo; 67 yo; divorced; lives alone; public housing; UK migrant; Playford]

Writing letters to government ministers or people in positions of authority:

"Lowering the speed limit - I've written letters to the traffic minister about that before." [Julian; 61 yo; married; lives with wife; home owner; retired; Onkaparinga]

Attending public meetings:

"Only time we went to a public meeting was when they wanted to lay cable TV...because I believe they should underground all the power, you know cause I'm a tree hugger as such...so that is when I went to the public meeting That is probably the only thing active I have got involved with."[Evan; 51 yo; married; lives with wife and children; home owner; works full time; Prospect]

Taking local action in their neighbourhood:

"I've been on Save Open Spaces and fought for Hazelwood Park not to have more of the park go in car parks. We managed to get it heritage listed and that took two years of really writing to the papers, writing to the council, talking to the councillors, fighting...And now it's heritage listed it means that they have to keep an eye on what's going on...The Burnside Council at the moment are having an Into the Future and I have submitted something on Hazelwood Park of what I think should happen." [Melanie 72 yo; widowed; home owner; lives alone; retired; Burnside]

"We lobbied when the BP service station was being put in, we lobbied to have it not opened after midnight." [Michelle; 33 yo; married; lives with husband and children; home owner; self employed; works full time; Prospect]

Taking direct action such as picking up other people's rubbish:

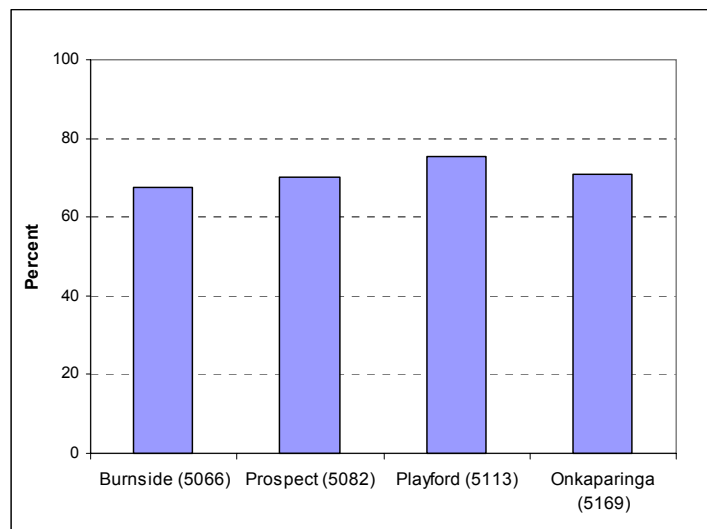
"We often go out and pick stuff up. Even though we are busy we do try to keep an eye on that sort of stuff and do something about it other than just complain to the Council. So if we have seen a bin that has been pushed over the cliff or something we will go down and get it and pick it up and pick the rubbish up and put it back...Sometimes in the morning I go for a walk and take a plastic bag to fill up with rubbish and you will find that people in front of you suddenly start picking up rubbish you know and putting it in the bin because they think "Oh she is doing it, perhaps we should do it too" so it is infectious." [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]

"Every time there's some graffiti on my little bit of fence I've got out there some dear person comes out and paints it over. I'm so appreciative of it...I've given out how to vote cards down at the school. Whenever the council send out questionnaires I fill those in on how to use the land down a bit further by the creek and I vote in the local election." [Maxine; 54 yo; divorced; lives alone; home owner; works full time; Onkaparinga]

Voting in local government election

Figure 5.7 shows the proportion of respondents who voted in the 2003 Autumn local government election. Playford had the highest proportion of voting in the election, 75 percent, which was significantly higher than Burnside which had the lowest rate at 68 percent. Both Prospect and Onkaparinga had approximately 70 percent of respondents voting in the election.

Figure 5.7 Proportion of respondents voting in local government elections



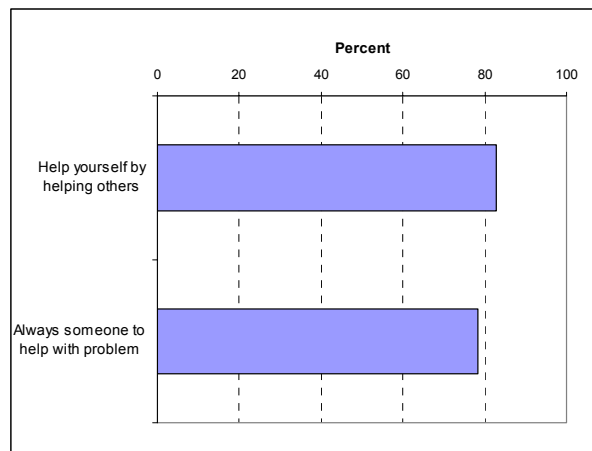
5.2 Help and Assistance Available

5.2.1 Perception of Reciprocity and Help

Perceptions of respondents across the four postcodes

The survey asked respondents to indicate their perceptions of reciprocity and help by rating their views on two statements on a 5-point scale where 1 represented “strongly agree” and 5 meant “strongly disagree” with 3 being “neutral”. The two statements were: “By helping others you help yourself in the long run” and “If I have a problem there is always someone to help me.” The data show that the majority of respondents across the four postcodes “strongly” or “moderately” agreed with these two statements (Figure 5.8).

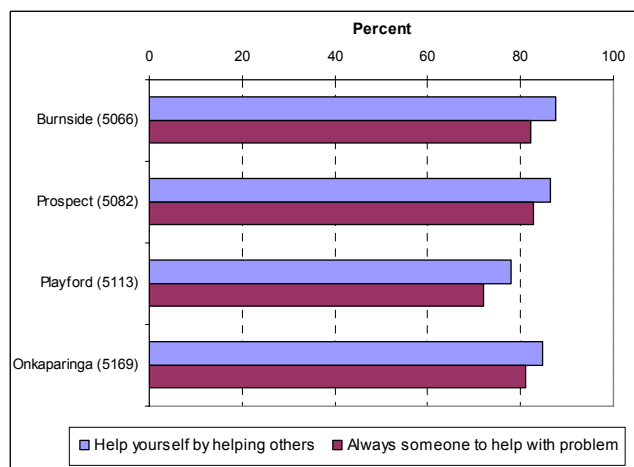
Figure 5.8 Proportion who strongly/moderately agreed with the statements of reciprocity and help, across postcodes



Perceptions of respondents by postcode

Figure 5.9 shows the proportion of respondents who strongly or moderately agreed with the above statements by postcode. Significant differences in both statements existed only between Playford and the other three areas. More than 80 percent of respondents in Burnside, Prospect and Onkaparinga agreed with the two statements, and around 70 percent of respondents in Playford did so.

Figure 5.9 Proportion who strongly/moderately agreed with the statements of reciprocity and help, by postcode



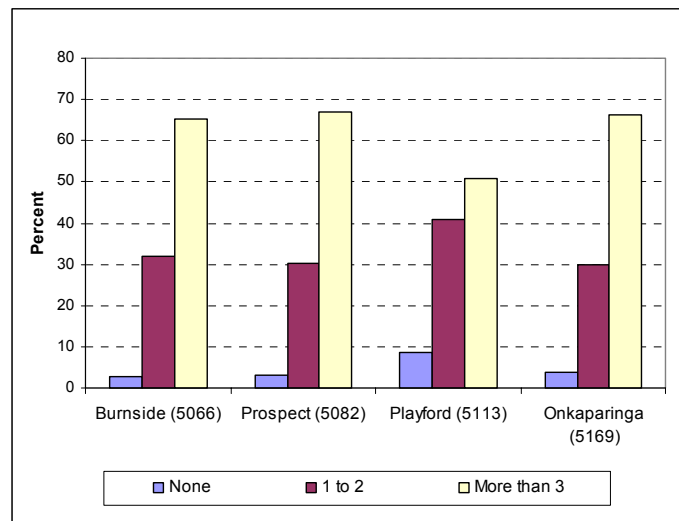
5.2.2 Number of People Available for Help

The survey asked several questions about the number of people available when help was needed in hypothetical situations. Figures 5.10 to 5.14 show the number of people available in different situations for respondents in the four postcodes.

Personal problems or important decisions

Playford respondents had significantly fewer people available to talk about personal problems or make important decisions. About two-thirds of respondents in Burnside, Prospect and Onkaparinga had three or more people available to talk to, and more than 30 percent of respondents had one or two people available for such help (Figure 5.10). By contrast, nearly 10 percent of Playford respondents did not have anyone available to talk about personal problems or to help in making important decisions.

Figure 5.10 Number of people available to talk about personal problems or important decisions



The qualitative interviews help paint a picture of the kinds of emotional support that people gave to and received from their neighbours:

"I have a lot of friends and relatives who ring me for support and who I support I suppose just by listening even though I have a lot of people who just want to sound out things. Some friends in the neighbourhood, but not in my street necessarily, but my close friends and family, there is a sense where I say to them "right I am going to put my Counsellor hat on because that seems to be where we are going." [Simone; 61 yo; married; lives with husband; home owner; works part time; Prospect]

"I'm a good listener. I listen and advise – like relationship problems. Being a bloke, there's a lady in the next street who was having problems with her man. I've just told her how blokes think....I just supported a mate who just left his wife and he needed a place to stay, so he lived here for a week. I do that." [Gordon; 42 yo; single, never married; lives alone; home owner; works full time; Onkaparinga]

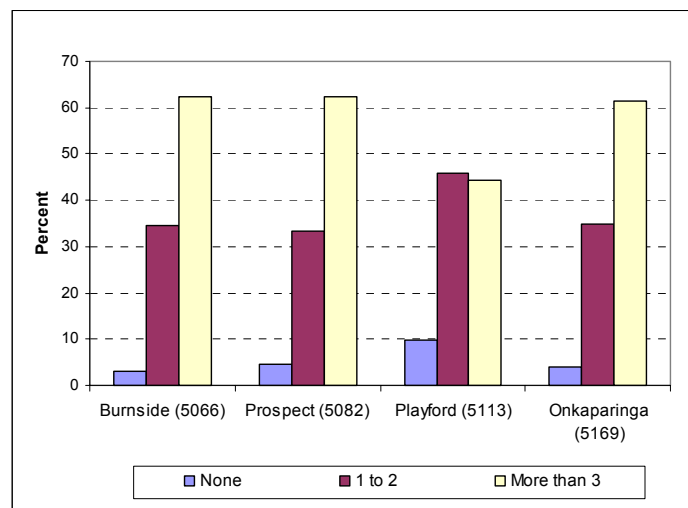
"Well if I see any of them in the street they give me a hug and a kiss and want to know how I am and is everything all right and they'll call in." [Maxine; 72 yo; widowed; home owner; lives alone; retired; Burnside]

"[Betty] up the road, whenever she is outside and I am walking the dog, we will stop and have a good old chat and she will tell me what is happening to her grandson. He is being a bit of a bad boy, he has been in and out of jail a couple of times so we sort of commiserate on that... And [Tracy] tried to commit suicide a couple of years ago, maybe she only scraped her wrists and so her little boy came running over and said "Jo, Jo come mummy has cut her wrists", or [Jeff] has gone home drunk so [Tracy] and the kids have come over and bunked in my spare room." [Jo; 67 yo; divorced; lives alone; public housing; UK migrant; Playford]

Practical help

Significantly fewer Playford respondents reported having people available for practical help, such as helping around the house or giving a lift, than respondents in other areas. More than 60 percent of respondents in Burnside, Prospect and Onkaparinga had 3 or more people available (Figure 5.11).

Figure 5.11 Number of people available for practical help



The following examples from the qualitative interviews provide examples of the kinds of practical support that people exchanged with neighbours:

"If anyone came up and said "Could you do this for me" everybody would say "Yes" and do it. You know you wouldn't have to be frightened of asking. I think because we are all sort of in the same boat. We are either in the lower income, not much family around and they have seen that you are willing to help someone else so maybe you will help me sort of thing and "if I do this for you, will you do this for me" and that sort of thing.... You know there is always someone that will give you a hand which is good and I like that." [Lynn, 59 yo; divorced; retired; lives alone; home owner; UK migrant; Playford]

"They looked after my dogs – my neighbour when I go away, he takes my mail for me. My other neighbour who lives around the corner. He collects my mail for me. We are always exchanging tools, My other neighbour around the other corner, he's helped me build the fence. I've helped him pave." [Gordon; 42 yo; single, never married; lives alone; home owner; works full time; Onkaparinga]

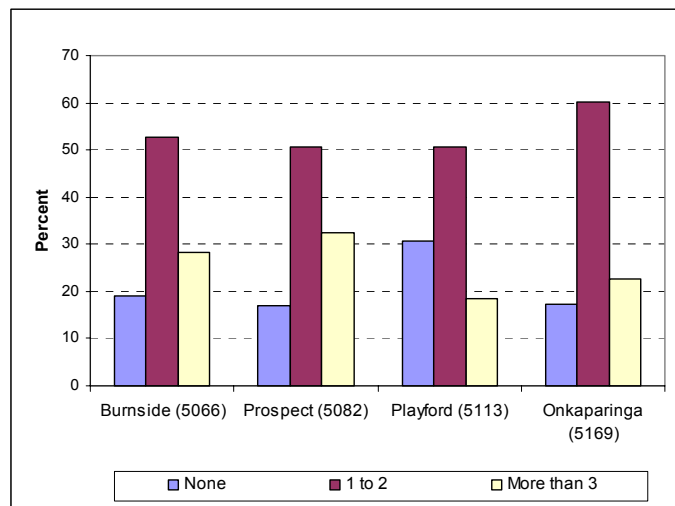
"If need something, or if they need something we could support each other and share. Like at Christmas time I was looking for an electric knife and I borrowed it from people a few houses down. We chatted about people who were no longer in the neighbourhood and that sort of thing, so. I mean that wasn't really particularly a social thing it was more a support thing, but, yeah...We share a trailer within the street. We used to share a car with the neighbour, um, but we don't anymore. We do share a lawnmower up and down the street" [Michelle; 33 yo; married; lives with husband and children; home owner; self employed; works full time; Prospect]

"Feeding each other's animals when we go away, mowing each other's lawns when we go away. Collecting mail and papers so that it looks lived in... [Steve] has had a couple of trees fall over in his yard so I've helped him chop them up and put them out on the rubbish pile...I've taken [Steve] down the street where he's had an accident in his car or someone ran into his car so he needed to go somewhere." [Marcus; 45 yo; married; lives with wife and children; home owner; works full time; Burnside]

Borrowing money

The survey also asked the respondents how many people were available if they needed to borrow some money. There were significant differences between all postcodes except those between Burnside and Prospect, and Burnside and Onkaparinga (Figure 5.12). Less than 20 percent of respondents in Burnside, Prospect and Onkaparinga reported having no people available for borrowing some money, while 31 percent of Playford respondents reported so.

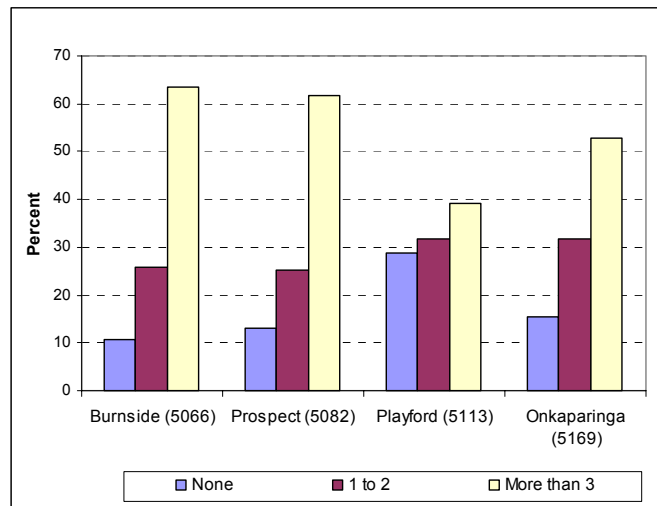
Figure 5.12 Number of people available to borrow money



Information on jobs and finance

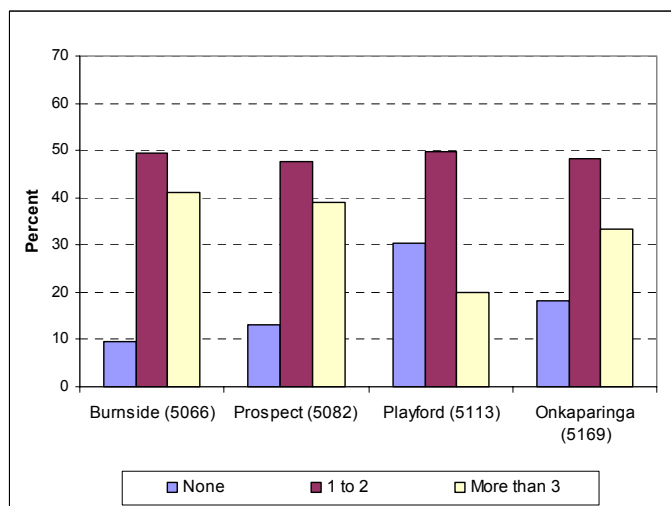
Figures 5.13 and 5.14 show the number of people available to provide information and advice on job searching and managing finances. For information or advice on job searching, there were significant differences between all postcodes except that between Burnside and Prospect, where respondents in both reported being well supported. Nearly 30 percent of them had one or two people available, and nearly 60 percent had more than 3 people available for help.

Figure 5.13 Number of people available for information on job searching



For information on managing finances, again, there were significant differences between all postcodes except that between Burnside and Prospect. Around half of respondents in all four postcodes had one or two people available to offer help or provide information on managing finances. However, as with job searching, more than 30 percent of respondents in Playford and 20 percent in Onkaparinga had no one available for help.

Figure 5.14 Number of people available for advice on financial management



The qualitative data provides more details about which neighbours respondents felt they could ask for help, but also the assistance they felt they offered to others regarding jobs and finances:

"Quite often someone will say "Oh I have got something I want to sell" and you sort of mention it around, "do you know anyone who wants to buy such and such". Or I hear they are taking people on at such and such. You know whoever is looking for a job, especially with the teenagers. I heard they were putting on at Bi-Lo and I said to my friend whose granddaughter was after a job. She went up there and she got a job. You know so it is all word of mouth a lot of this" [Lynn, 59 yo; divorced; retired; lives alone; home owner; UK migrant; Playford]

"I really like to be informed about things and if anyone has a question I would definitely help them out and give them some information. Those sorts of things can be so daunting for people and I know what it's like to be on the receiving end. I know what to do and where to go. Even it's just giving a brochure it doesn't cost me anything but it might mean that it starts something for them that can be quite significant. I mean you may not even know that." [Pearl; 27 yo; married; lives with husband; renting privately; working full time; Prospect]

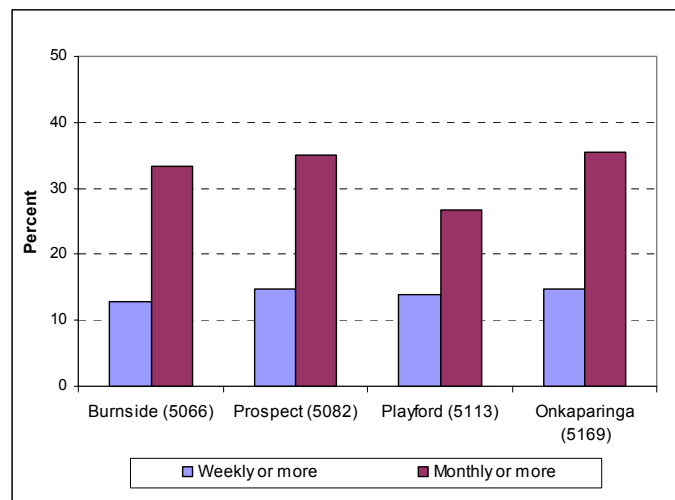
"The neighbour down the road he is now back driving hire cars, but he went there for a while driving transport trucks and I have an association with transport trucks; So I talked to the neighbour about how you'd go about it or who you need to talk to or what you need to do from what my limited understanding is, but it was more than what he had so he could then go off and start to find information out about it, rather than just how do I do it" [Marcus; 45 yo; married; lives with wife and children; home owner; Burnside]

"Oh, absolutely yes, yes my wife works for the Housing Trust so she has got a lot of knowledge about social stuff and you know, so she is a good help that way and the neighbours and stuff if they do need advice." [Andrew 63 yo; married; lives with wife; home owner; works full time; UK migrant; Onkaparinga]

Regularity of providing help

The survey also asked respondents how often they provided these types of support to any of their friends, relatives or acquaintances as shown in Figure 5.15. About 15 percent of respondents in each postcode area provided help to friends, relatives or acquaintances on a weekly basis. More than one-third of respondents in Burnside, Prospect and Onkaparinga provided help on a monthly basis. In Playford, by contrast, one-quarter of respondents provided help on a monthly basis. However, the differences were only significant between Playford and both Prospect or Onkaparinga.

Figure 5.15 Regularity of providing help to friends or relatives



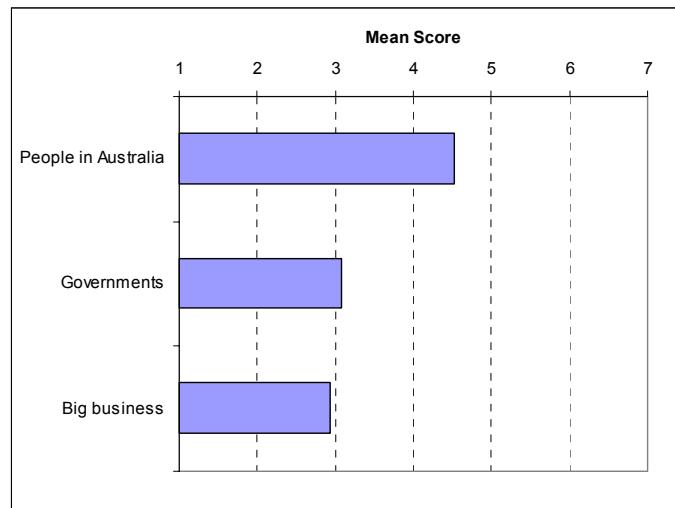
5.3 Levels of Trust

The survey inquired about the levels of generalised trust expressed by respondents in relation to eleven arenas, including 'people in Australia', 'governments', 'police force', 'unions', 'media' and 'health services'. Respondents were asked to rate their levels on a 7-point scale, with 1 meaning "do not trust at all" and 7 representing "trust completely". The higher the score, the higher the level of trust. Here we only present the levels of trust for three key groups: people in Australia, the government and big business.

5.3.1 Levels of Trust of Respondents across Postcodes

Figure 5.16 shows the average scores in the three types of trust for respondents in the four postcodes. Respondents across postcodes showed positive levels of trust of people in Australia, with a mean score of 4.5 out of a 7-point scale. However, respondents reported lower levels of trust in relation to the government and big business.

Figure 5.16 Trust of people in Australia, government and big business, across postcodes



5.3.2 Levels of Trust by Postcode

Table 5.6 shows the mean score of respondents for the three types of trust by postcode.

Table 5.6 Mean score for trust of people in Australia, governments and big business by postcode

LOCATION/LEVEL OF TRUST	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
People in Australia	4.7	4.5	4.3	4.6
Governments	3.5	3.1	2.7	2.9
Big business	3.2	3.0	2.7	2.9

Note: Statistical test results are presented in the following text.

Levels of trust in people in Australia by postcode

Burnside respondents showed the highest level of trust of people in Australia, while Playford respondents showed the lowest. Playford respondents reported significantly lower levels of trust than respondents in the other three areas and Burnside respondents reported higher levels of trust than Prospect respondents.. There were no significant differences between Onkaparinga and either Burnside or Prospect.

Levels of trust in the governments by postcode

The differences between each postcode were highly significant, with Burnside respondents most likely to trust the government, followed by Prospect respondents, and then Onkaparinga respondents. Of the four postcodes, Playford respondents were least likely to trust the government.

Levels of trust in big business by postcode

Respondents across the postcodes generally showed lower levels of trust towards big business. There were significant differences between the four, however, with the exception of that between Prospect and Onkaparinga. Comparatively, Burnside respondents had the highest level of trust towards big business, followed by respondents in Prospect and Onkaparinga. Respondents in Playford showed the lowest level of trust in big business.

The qualitative interviews provided a particularly colourful impression of the degree to which government and big business were deemed to be untrustworthy. In the following examples it is evident that much of this lack of trust was directed towards politicians:

- Interviewer:** *"Thinking about trust a bit more broadly now, do you trust Government?"*
- Jennifer:** *No, nup. I am not happy with the Government but I don't know whether I seem to be alone on that, because somebody voted them in. I think that is a touchy issue I think at the moment. I think there is lots of fear in the campaign. Some of the social issues, education, mental health, I think they have all got really greedy and they don't care about those issues all they care about is paying the mortgage and are terrorists going to come into our country and kill people."* [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]
- Interviewer:** *"Thinking more broadly than just the community, or neighbourhood, can you tell us if you trust government?"*
- Nelson:** *About as far as I can throw them. but then again they haven't got an easy job anyway. Whatever they do is going to be wrong. It is a catch 22 situation."* [Nelson; 73 yo; separated; lives alone; home owner; retired; UK migrant; Onkaparinga]
- Interviewer:** *"Thinking more broadly than just the community, or neighbourhood, can you tell us if you trust government?"*
- Marcus:** *No no. But why do we say no? We say no because we don't know what they're up to...Every time a politician opens his mouth you know he's not going to give you a straight up and down answer...Used car salesmen are better than politicians because politicians will never straight answer you. Here we are, we've deported some four or five people that should never have been deported. Not right. I don't trust government. I don't think that many people do trust government."* [Marcus; 45 yo; married; lives with wife and children; home owner; works full time; Burnside]

"No, I don't have much trust. But the people of Australia are not going to be listened to by our current Prime Minister. I wasn't living in the Country at the time about the invasion of Iraq and I think that is something that all of Parliament should have debated but he makes decisions based on his own knowledge, which might be a little suss." [Simone 61 yo; married; lives with husband; home owner; works part time; Prospect]

"No I like John Howard and I've voted for him since he's been in but if you just read in between the lines about these politicians and that let's face it they are one bunch of fiddling mongrels aren't they?" [Male; 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

5.4 Social Isolation

While most of the survey respondents were actively involved in at least some social and group activities, maintained an average or above level of trust, and had links with influential community members, the survey found that there were some respondents in each postcode area who were socially isolated according to each of these measures. We identified socially isolated people as being those not participating in any social and group activities, not having links to people in influential positions and being untrusting.

As discussed in Section 5.1.1 the survey asked respondents whether in the past 12 months they participated in the activities of any of the 18 types of groups or organisations listed in the questionnaire. Nearly a quarter of respondents reported that they had not participated in any of these groups and another 5 percent never participated in any activities even though they had associational membership. We defined these respondents as non-participants. Likewise as reported in Section 5.1.2 the survey also listed 11 professional or managerial occupations, such as lawyer/judge, police officer, journalist, union official, State or Federal politician, and health professional, and asked respondents if they knew any people in these occupations through social and group activities. Overall 38 percent of respondents across the postcode areas did not know any of them. We defined these people as having no "linking" social capital. In addition, drawing on the level of generalised trust respondents expressed towards "People in Australia" (Section 5.3), we defined those who rated below 4 on a 7-point scale as being untrusting of others.

Table 5.7 presents the proportion of socially isolated respondents in each postcode area. There were significant differences between all postcodes in the first two measures of social isolation, with Burnside having the lowest proportion, followed by Prospect, and then Onkaparinga with Playford having the highest proportion. In addition, Playford had a significantly higher proportion of untrusting people compared with the other three areas. In general, Playford respondents had the highest proportion of people rated on these measures of social isolation.

Table 5.7 Percentage of people in social isolation

SOCIAL ISOLATION/LOCATION	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Non-participants	17	24	36	30
Without linking social capital	21	33	57	42
Low levels of trust	10	15	24	13

5.5 Chapter Summary

This chapter reviewed social networks and activities in which survey respondents were involved, help and assistance available in daily life, and their levels of trust in other Australians, governments and big business.

Most respondents across the four postcodes participated actively in group activities, most frequently in sporting or recreation groups/organisations, children or school related activities, religious or spiritual groups/organisations, and social clubs. More respondents in Burnside volunteered on a regular basis than in the other postcodes and the lowest number of volunteers was in Playford. The Playford respondents, however, who did volunteer spent more time (on average 20 hours) volunteering during the past 12 months.

On average, less respondents in Burnside had face-to-face contact with relatives than respondents in the other areas and respondents in Playford had the lowest levels of telephone or email contact with friends. Respondents in Burnside, Prospect and Onkaparinga were more likely to be happy with their social life than Playford respondents. Burnside respondents were more likely to know people in the same or similar social groups in terms of ethnic or cultural background, age, education and household income level through social activities, and Playford respondents knew a more diverse range of people through social activities.

In terms of general civic participation, boycotting or deliberately buying certain products for political, ethical or environment reasons, contacting the council or local councillor, and signing a petition were the most common forms.

The levels of perceived reciprocity were high among all respondents, with the majority agreeing with the statements that "By helping others you help yourself in the long run", and "If I have a problem there is always someone to help me".

Respondents in Playford had less people available for help and assistance in talking about personal problems or making important decisions, practical help, borrowing money, providing information for job searching and providing information on financial management.

The levels of trust were different for different groups investigated. Respondents showed higher levels of trust in people in Australia, but lower levels of trust in governments and big business. There were significant locational differences in levels of trust, and in general, Burnside and Prospect respondents showed higher levels of trust for all these groups, followed by Onkaparinga, and then Playford.

There were significant locational differences in the proportion of socially isolated people measured by not participating in any social and group activities, having no linking social capital and low level of trust. In general, Playford respondents had the highest proportion of people scoring high on our measures of social isolation.

Chapter 6 Health, Social Capital and Neighbourhood

This chapter focuses on two main themes. Firstly, it analyses the locational differences in self-rated health status of respondents in the four postcode areas. It then examines the relationship between respondents' mental health status, social capital and neighbourhood. We use three variables from the postal self-completion survey to describe respondents' self-reported health status: one question about general health directly from the survey questionnaire and physical and mental health status derived from use of the SF-12 standardised self-reported health measure.

KEY POINTS:

- Eighty-one percent of respondents across the four postcodes rated their self-reported general health as excellent, very good or good.
- Ninety percent of respondents in Burnside and more than 80 percent in Prospect and Onkaparinga, reported their general health as good or above, with significantly less (70%) respondents in Playford doing so.
- On both the physical and mental health components of the SF12 health measure Playford residents scored the lowest (i.e. least healthy) score and Burnside the highest, followed by Prospect and Onkaparinga. The differences were less pronounced for mental than for physical health status.
- Residents of Playford were most likely not to undertake any exercise, to smoke, to be a non-drinker, to eat one or less serves of fruit per week.
- Regular exercise was associated with better physical and mental health.
- Respondents with higher levels of social capital and perceptions of neighbourhood environment had better mental health status than those without.

6.1 General Health

6.1.1 General Health of All Respondents

The SF12 includes a question about general health status: "In general, would you say your health is: Excellent; Very good; Good; Fair; or Poor". International studies suggest this question on general health is a good predictor of morbidity and mortality. Figure 6.1 shows the responses to the general health question across postcodes. One-third of all respondents self-rated their health as "good", and a little more than one-third of respondents rated their health as "very good". About 13 percent rated themselves as "excellent". About 15 percent of respondents saw their health as "fair", and the rest reported "poor" health status.

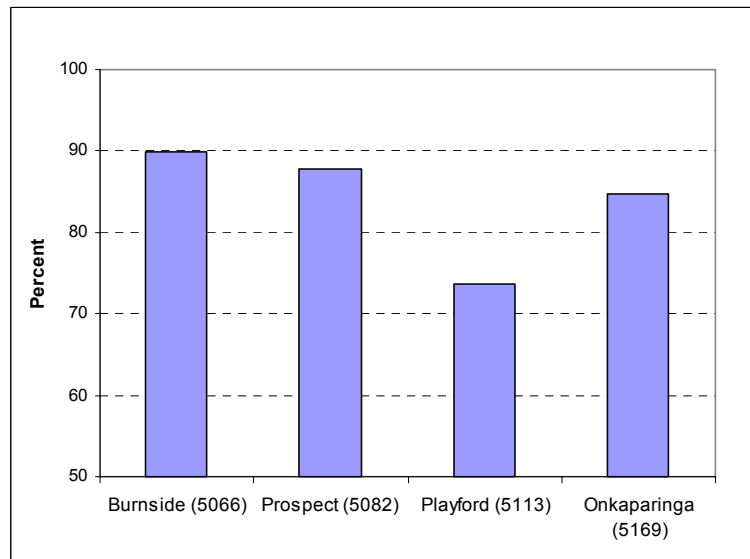
Figure 6.1 Self-rated general health status for respondents across postcodes



6.1.2 General Health of Respondents by Postcode

Figure 6.2 shows the proportion of respondents with good or above self-rated general health status by postcode. A considerable majority of respondents in Burnside (90%), Prospect (88%) and Onkaparinga (85%) self-rated their health as good or above. There were significant differences between all postcodes, except that between Prospect and Burnside, and Prospect and Onkaparinga. Significantly less respondents in Playford reported their general health as good or above (74%), while a quarter of them thought their health fair or poor.

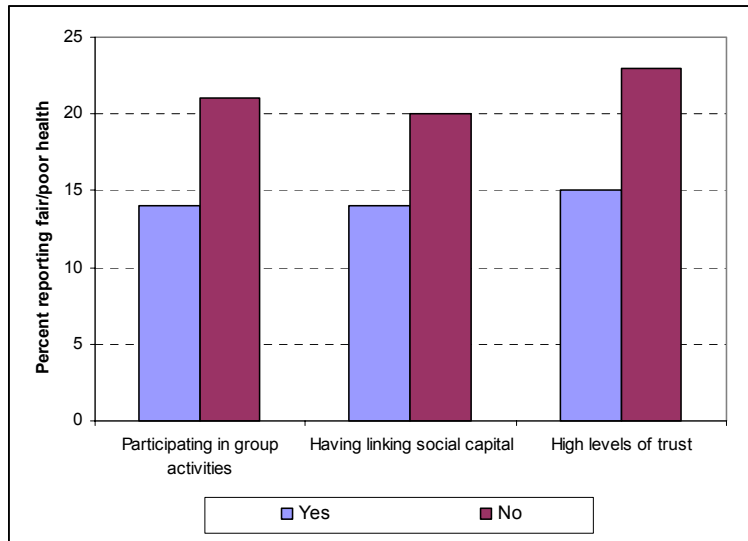
Figure 6.2 Proportion of respondents self-rating general health as good or above



6.1.3 General Health by Social Isolation

Figure 6.3 presents the percentage of respondents reporting fair/poor health by the three aspects of measured social isolation. It appears that there were significant differences between those in social isolation and those not. For example, 23 percent of untrusting respondents reported fair/poor health, compared to 15 percent of those with higher levels of trust.

Figure 6.3 Percentage of respondents reporting fair/poor health by social isolation



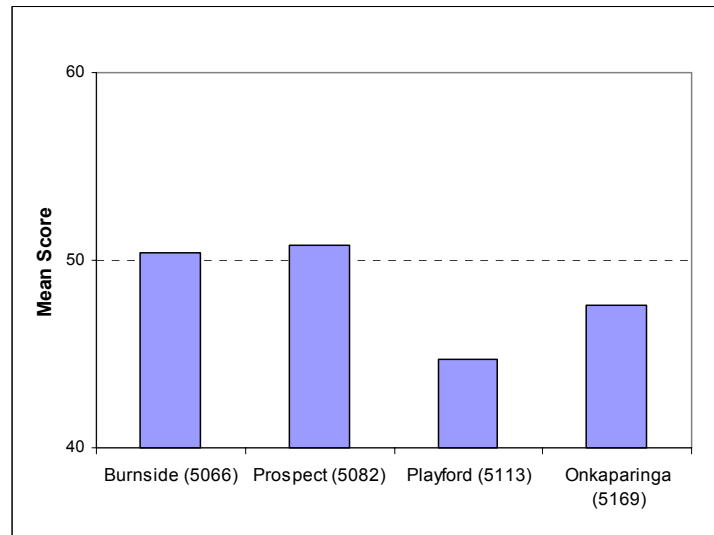
6.2 Locational Differences in Physical Health Status

There are two derived summary scores from the SF12, the Physical Component Summary and Mental Component Summary, representing the physical health and mental health status. These two summary scores were indexed in a range from 0 to 100 with a mean of 50 and standard deviation of 10. Consequently, scores greater than 50 mean above average health status and scores less than 40 indicate lower than average health status.

6.2.1 Physical Health of Respondents by Postcode

The physical health scores for respondents in all four postcodes were around the average level, with a higher score of 50 in Prospect and Burnside and lower score of 45 in Playford (Figure 6.4). Although the locational differences in mean scores were modest, these differences were highly significant except that between Burnside and Prospect.

Figure 6.4 Physical health status



These patterns of locational differences in health were also evident in the qualitative data, where residents of Playford were more likely to refer to instances of poorer physical health than residents of the other areas, as in the following examples:

"Oh, my bones here are a bit sore in this weather. I really am in very good health. Whenever the doctor that I don't see very often asks me that. I always say I am very extremely well thank you. Because I believe I am. I see myself as being very fit." [Margaret; 68 yo; single never married; retired; home owner; lives alone; Burnside]

"I've got aches in my thumb joint and my neck and my back and my knees and my big toe, but they're all things that you can put up with. I'm 72 for heaven's sake." [Melanie 72 yo; widowed; home owner; lives alone; retired; Burnside]

"Oh look up until probably 3 weeks ago it was probably about 4 out 5. Apart from the fact I carry a bit of weight, but I started smoking 3 weeks ago which is not good. Again. But so I am not too happy with that but giving up smoking is a constant battle" [Justin 50 yo; unemployed; married, lives with wife and kids; home owner; Burnside]

"Yeah I'd say it is reasonable. I can't complain. I've never been old before, I suppose I get tired a lot quicker now than I did 20 years ago, but you would expect that. But no I probably don't do enough walking, but then again you're bowling a couple of days a week and you're on your feet, I'm on my feet a lot." [George; 73 yo; separated; lives alone; home owner; retired; UK migrant; Onkaparinga]

"Well apart from my foot, I am in excellent health I gave up smoking ten years ago so that would be about the last time I went to see a doctor about that time for flu or whatever ailments but yeh, I have got good health." [John 63 yo; married; lives with wife; home owner; works full time; UK migrant; Onkaparinga]

"I rarely go to a doctor or anything else like that. I have got mobility and everything else. But I understand that if you don't look after yourself you can deteriorate so now the pressure is on to make sure that you maintain your physical presence, your suppleness. That is why everyday you try and do something physical, go for a 5k walk, go for a run." [Evan 51 yo; married; lives with wife and children; home owner; works full time; Prospect]

"Other than fatigue not too bad. I tend to be a workaholic." [Ralph 56 yo; married; lives with partner and kids; home owner; works fulltime; Prospect]

Interviewer: *You've talked about having a bad back?*

Anne: *"And a bad neck, I've three discs in my neck they've gone and arthritis in my back and sinus that's about it."* [Anne; 66 yo; lives with husband; home owner; carers pension; UK migrant; Playford]

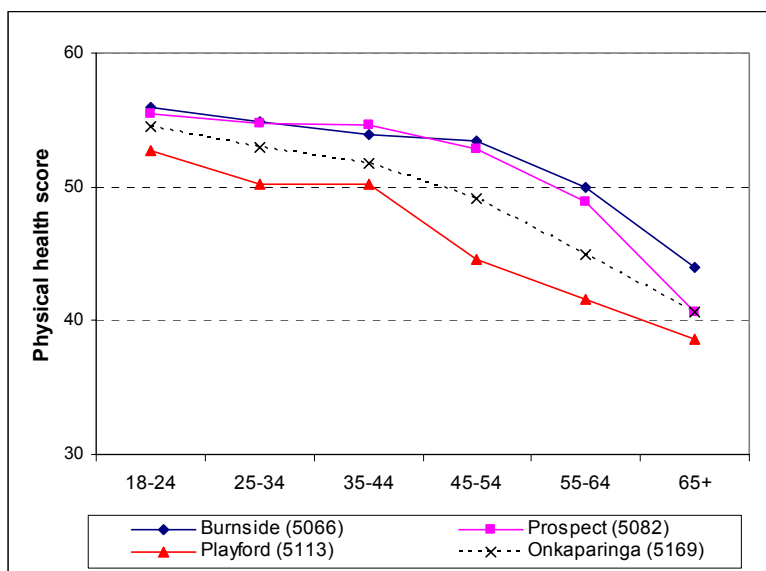
"[My health's] a bit iffy at the moment. I've got blood pressure." [Jack; 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

"Well, I am trying to quit smoking but since I had my heart attack and stents put in and I was very tired to begin with and before that I had been terribly breathless but since then I am really picking up now and feeling much better." [Jo 67 yo; divorced; lives alone; public housing; UK migrant; Playford]

6.2.2 Physical Health of Respondents by Age Group by Postcode

The mean score for Burnside respondents was higher than those for Onkaparinga and Playford respondents in each age group (Figure 6.5). Prospect respondents had a similar mean score to Burnside before the age of 55, but lower after this age.

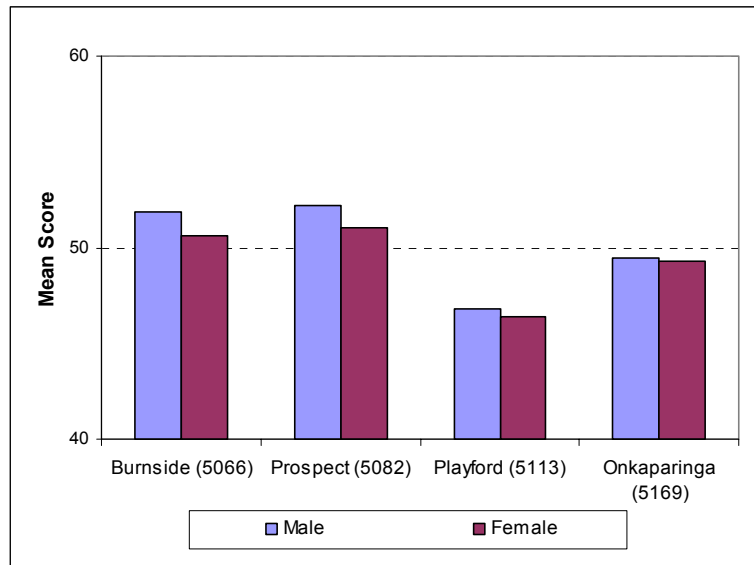
Figure 6.5 Physical health status by age group by postcode



6.2.3 Physical Health of Respondents by Gender by Postcode

Figure 6.6 presents the physical health status of respondents by gender and by postcode. The patterns for both males and females are consistent across the postcodes. Burnside and Prospect respondents had higher scores, followed by Onkaparinga respondents, with Playford respondents the lowest. In Burnside and Prospect, male respondents had better physical health status than female respondents, but in Onkaparinga and Playford, the differences were negligible.

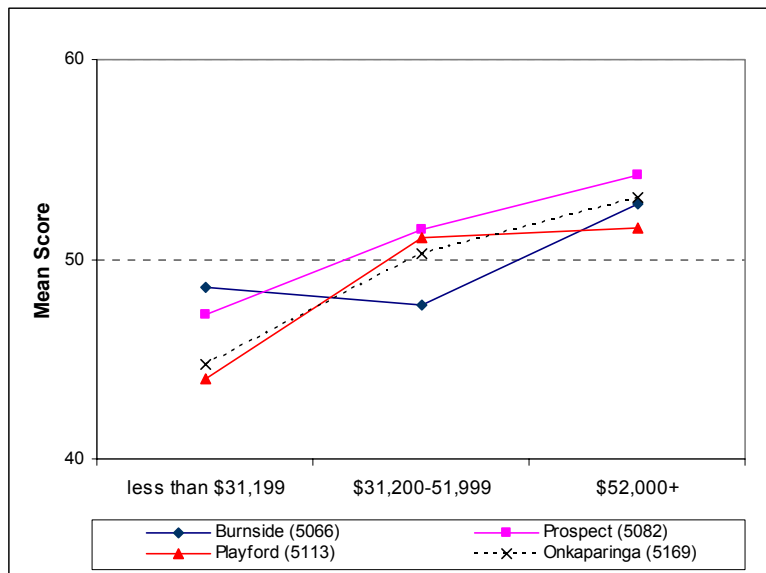
Figure 6.6 Physical health status by gender by postcode



6.2.4 Physical Health of Respondents by Household Income by Postcode

Figure 6.7 shows the locational differences in physical health status of respondents by household income. The household income (before tax) of respondents in the last financial year was recoded into three groups: lower income group (lower than \$31,199), middle income group (between \$31,200 and \$51,999), and higher income group (\$52,000 or above). Except for Burnside with low physical health status in the middle income group, the higher the household income, the higher the physical health status for all respondents. In the lower income group, Burnside respondents had the highest physical health status but in the higher income group, Prospect and Onkaparinga respondents had higher health status. Although Playford respondents had the lowest physical health status in both of these income groups, in the middle income group they had better physical health status than Onkaparinga respondents, and were similar to the Prospect respondents. The least healthy were the low income group in Playford closely followed by Onkaparinga.

Figure 6.7 Physical health status by household income by postcode



6.2.5 Summary of Physical Health Status

Burnside and Prospect residents enjoyed the best physical health followed by Onkaparinga and then Playford. Men reported better physical health than women in each area. The general pattern was for those in higher income groups to report better physical health.

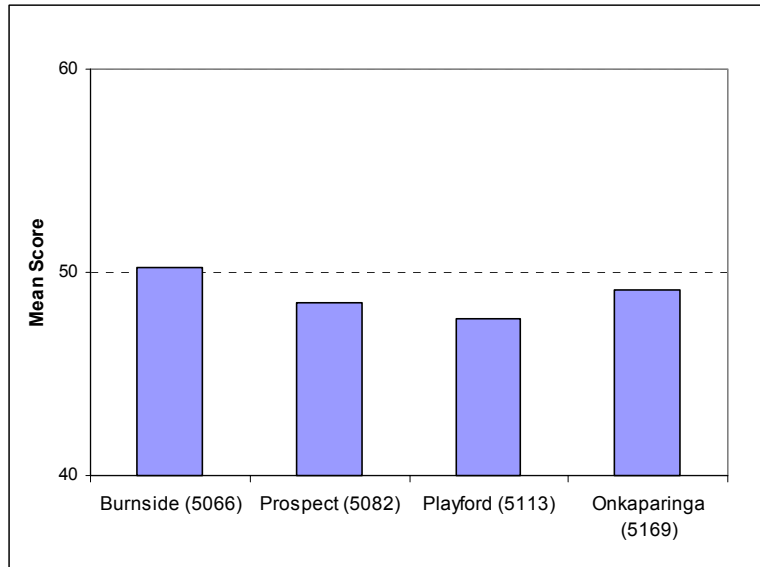
6.3 Locational Differences in Mental Health Status

Like physical health status, mental health status is represented by a summary score indexed ranging from 0 to 100 with a mean of 50. The mean scores above 50 or lower than 40 suggest better or less than average mental health status, respectively.

6.3.1 Mental Health of Respondents by Postcode

Figure 6.8 shows the locational differences in mental health status. Respondents in Burnside and Onkaparinga had slightly higher mean scores than their counterparts in Prospect and Playford. Despite very small differences in the mean score, there were significant differences between Burnside and both Prospect and Playford, and between Playford and Onkaparinga. The differences were less pronounced than was the case with physical health status.

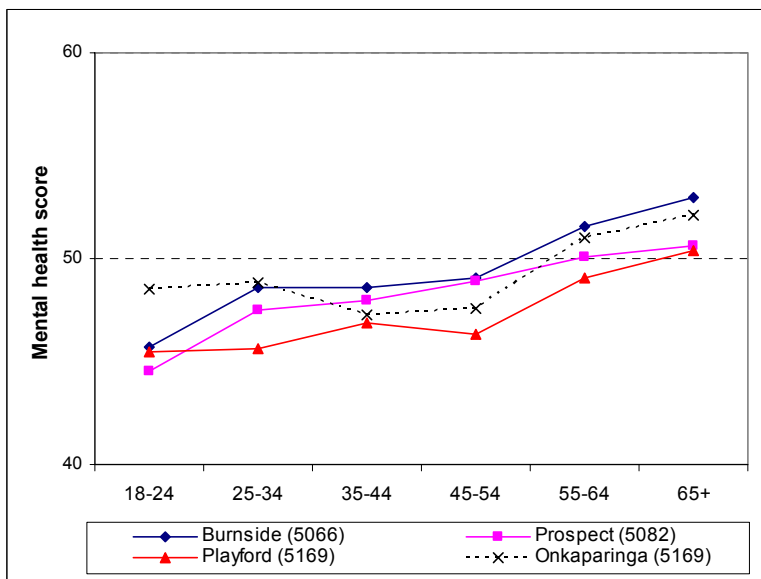
Figure 6.8 Mental health status



6.3.2 Mental Health of Respondents by Age Group by Postcode

Figure 6.9 shows the mental health status of respondents by age group by postcode. Unlike the physical health score, the higher the age group, the higher the mean mental health score, for respondents across the four postcodes. Except for the younger age groups of 18–24 and 25–34, Burnside respondents had the highest mean score in each group. By contrast, Playford respondents had the lowest mean score for all ages except the youngest bracket. For Onkaparinga respondents, both the older age groups over age 54 and younger age groups below age 35 had higher mean scores when compared to the middle age groups of 35–44 and 45–54.

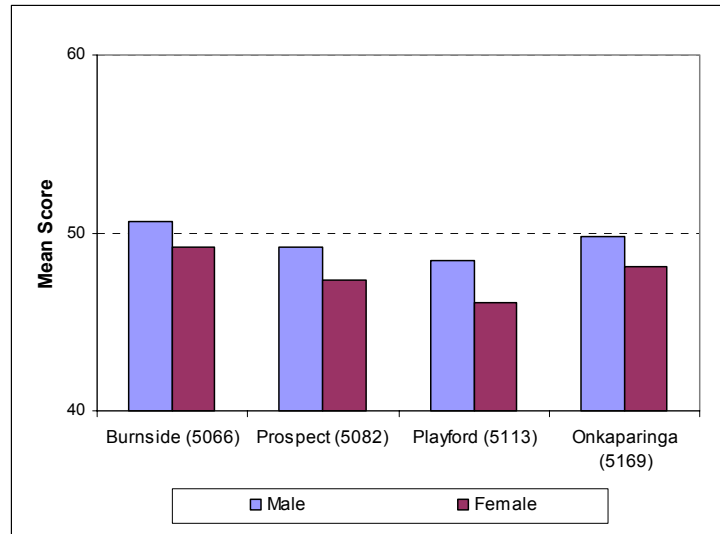
Figure 6.9 Mental health status by age group by postcode



6.3.3 Mental Health of Respondents by Gender by Postcode

The patterns of mental health status for both males and females are consistent across the postcode, with Burnside and Playford respondents having the highest and lowest mental health status respectively (Figure 6.10). In addition, in each postcode area, females always had lower mental health status than males. The gender gap was smallest in Burnside and greatest in Playford so that the Playford women had the lowest mental health status of all groups.

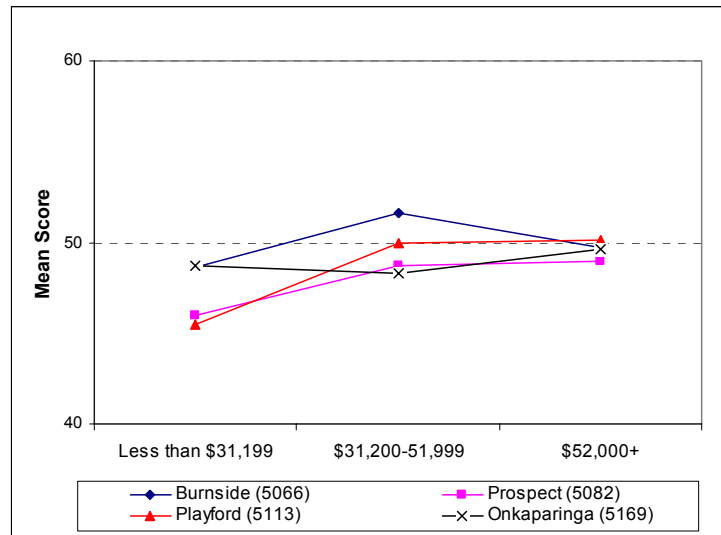
Figure 6.10 Mental health status by gender by postcode



6.3.4 Mental Health of Respondents by Household Income by Postcode

Figure 6.11 illustrates the mental health status by household income by postcode. The patterns are complicated and difficult to interpret. Nevertheless, it is clear that Burnside respondents had higher mental health status than Prospect respondents in each group of household income, though the gap was smaller in the highest income group. In addition, the locational gaps are smaller in the higher income group than in the other two groups. In the lower household income group, Burnside and Onkaparinga respondents had higher mental health status than the other two postcodes. In the middle income group, Burnside respondents had the highest mental health status, followed by Playford respondents, with Prospect and Onkaparinga respondents reporting lower mental health status.

Figure 6.11 Mental health status by household income by postcode



6.3.5 Summary of Mental Health Status

There were significant locational differences in mental health status between Burnside and Prospect, between Burnside and Playford and between Playford and Onkaparinga. Burnside residents reported the best mental health and Playford the worst. Women in Playford reported particularly low mental health status. The differences between the locations were less pronounced in regard to mental health than was the case for physical health status.

6.4 Individual Health-related Behaviour and Health

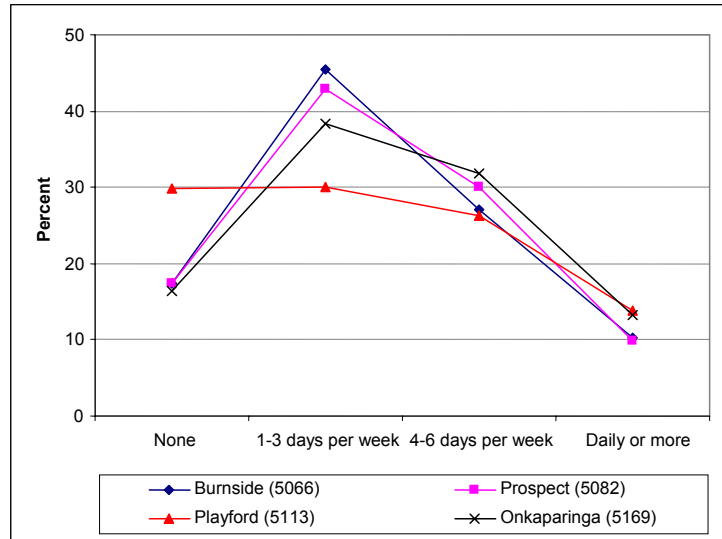
The survey asked a number of questions about individual health-related behaviours, such as taking regular exercise, smoking, alcohol consumption and eating fruit and vegetables. This section initially describes the differences between the postcodes, and then examines the relationship between certain health-related behaviours and health status.

6.4.1 Health-related Behaviour

Regular exercise

Figure 6.12 presents the proportion of respondents by the number of days they did at least 30 minutes of moderate or vigorous physical exercise in an average week by postcode. In each postcode, there was a certain proportion of respondents who did no exercise at all. This figure was around 17 percent in Burnside, Prospect and Onkaparinga and much higher in Playford at 30 percent. Although about 14 percent of Playford respondents did daily exercise, overall, they had significantly less physical exercise than respondents in all other areas.

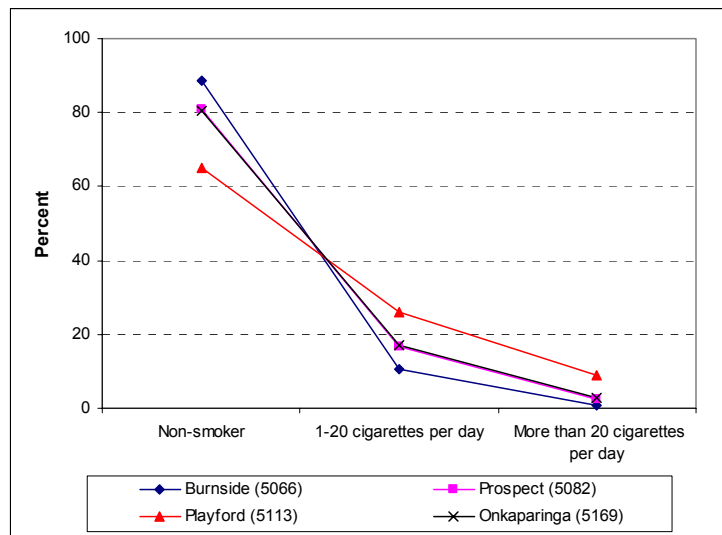
Figure 6.12 Number of days per week of physical exercise



Smoking

There were significant differences in the number of cigarettes people smoked a day between all postcodes. The only exception existed between Prospect and Onkaparinga, which had almost the same distribution. While Burnside had the highest proportion, nearly 90 percent, of non-smokers, Playford had the highest proportion of heavy smokers; 9 percent of them smoked more than 21 cigarettes daily (Figure 6.13).

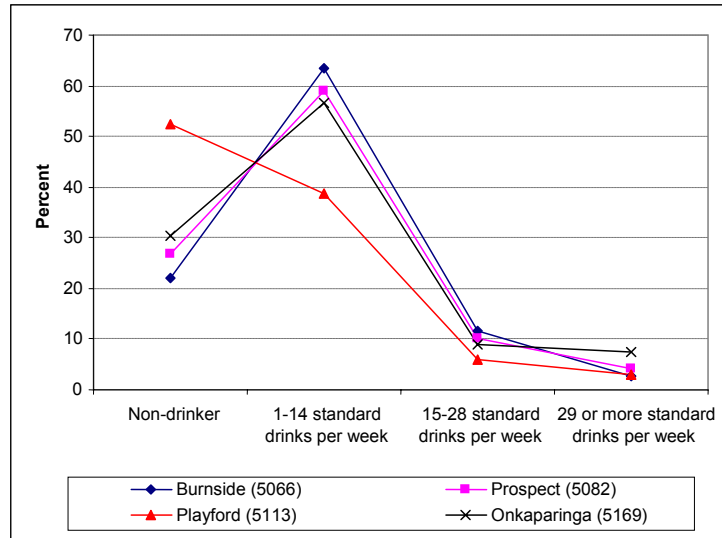
Figure 6.13 Number of cigarettes/cigars smoked per day



Alcohol consumption

Figure 6.14 shows the proportion of respondents by the number of standard drinks they had per week by postcode. A standard drink is equivalent to a schooner of full strength beer (285ml), a small glass of wine (100ml) or a nip of spirits (30ml). Playford had a significantly higher proportion of respondents who were non-drinkers, 52 percent compared to that of 30 percent in Onkaparinga, 27 percent in Prospect, and 22 percent in Burnside. Playford also had a much lower proportion (40%) for those who had 1–14 standard drinks per week, compared to the other three postcodes (around 60%).

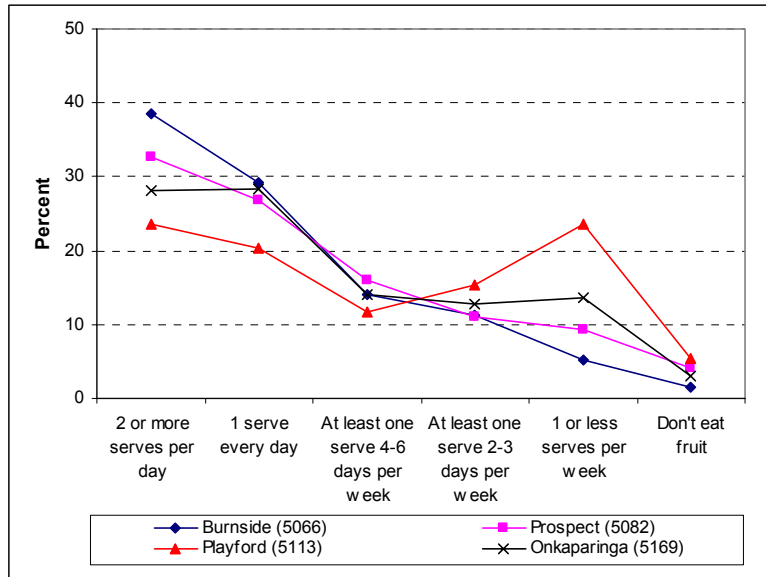
Figure 6.14 Number of standard drinks consumed per week



Serves of fruit

About 70 percent of respondents in Burnside and nearly 60 percent in Prospect and Onkaparinga ate at least one serve of fruit per day in an average week, while this figure was only 44 percent in Playford (Figure 6.15). There were significant locational differences between all the areas except that between Prospect and Onkaparinga. In each postcode, there was a certain proportion of respondents who ate “one or less” serves of fruit per week, or did not eat fruit at all, with the highest in Playford (29%), then Onkaparinga (17%), Prospect (13%) and Burnside (7%).

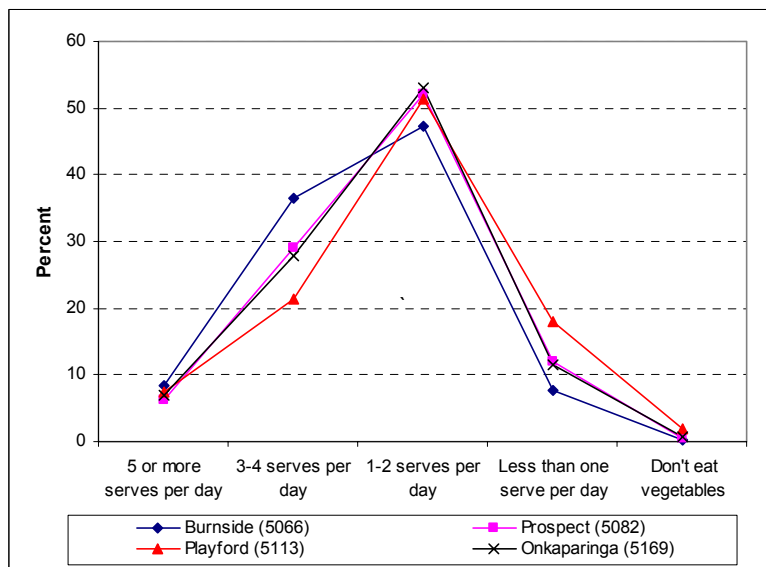
Figure 6.15 Number of serves of fruit consumed in an average week



Serves of vegetables

Figure 6.16 shows the proportion of respondents by the number of serves of vegetables they ate per day by postcode. Overall there were significant locational differences except that between Onkaparinga and Prospect. The proportion of respondents who had 5 or more serves of vegetables per day was similar across postcodes. The proportion of respondents who had 3–4 serves per day was lowest in Playford and highest in Burnside. Accordingly, almost one-fifth of Playford respondents had less than one serve per day, compared to around 12 percent in Prospect and Onkaparinga and about 8% in Burnside.

Figure 6.16 Number of serves of vegetables consumed



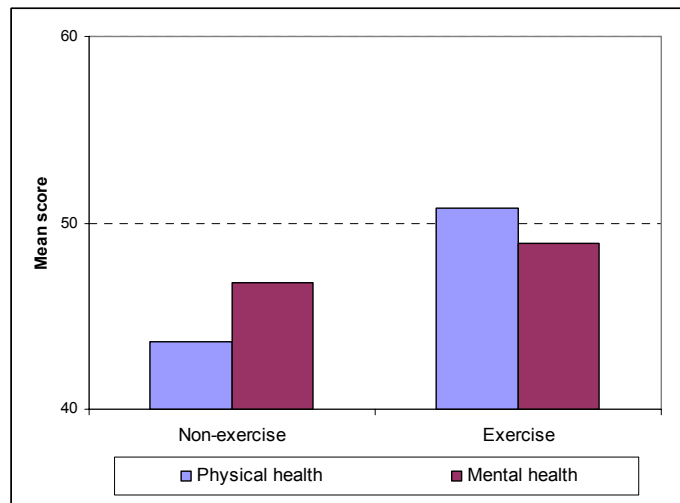
6.4.2 Health-related Behaviour and Physical and Mental Health

Figures 6.17 to 6.19 show the relationship between some health-related behaviours and health status. These data cannot be taken to indicate causal relationships because of the cross sectional nature of the data.

Regular exercise and health

Respondents who had regular exercise had significantly better physical and mental health status than those who did not (Figure 6.17). The difference for physical health status was stronger, probably because physically healthy respondents were more likely to do regular exercise.

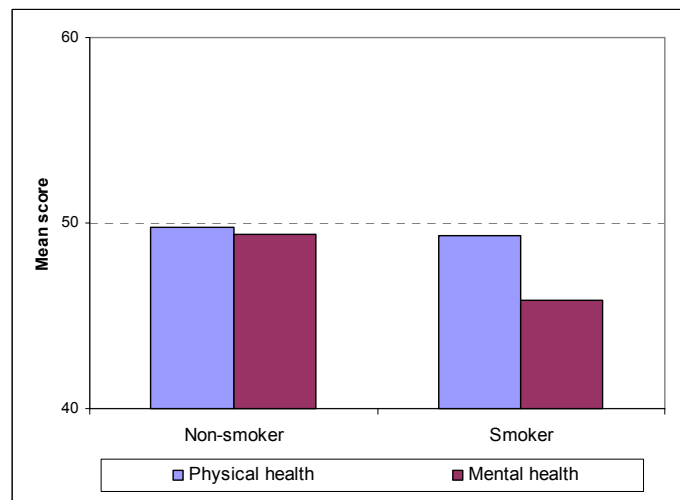
Figure 6.17 Physical and mental health status by exercise, across postcodes



Smoking and health

There was no difference in physical health between smokers and non-smokers (Figure 6.18). Non-smokers, however, had significantly better mental health status than smokers.

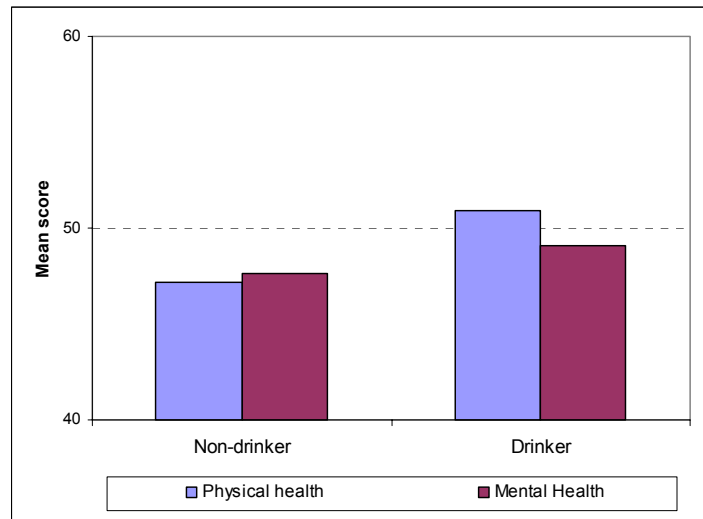
Figure 6.18 Physical and mental health status by smoking, across postcodes



Drinking and health

It appeared that those who drink alcohol had better physical and mental health status than those who did not (Figure 6.19). The reason for this is not clear, but there are two possible explanations. Firstly, the number of respondents who reported unsafe drinking was very small, and secondly, it is possible that those who were less healthy tended not to drink for health reasons. But it is important to note that the least advantaged Playford actually had significantly more non-drinkers than the other areas.

Figure 6.19 Physical and mental health status by alcohol consumption, across postcodes



6.5 Social Capital, Neighbourhood and Mental Health Status

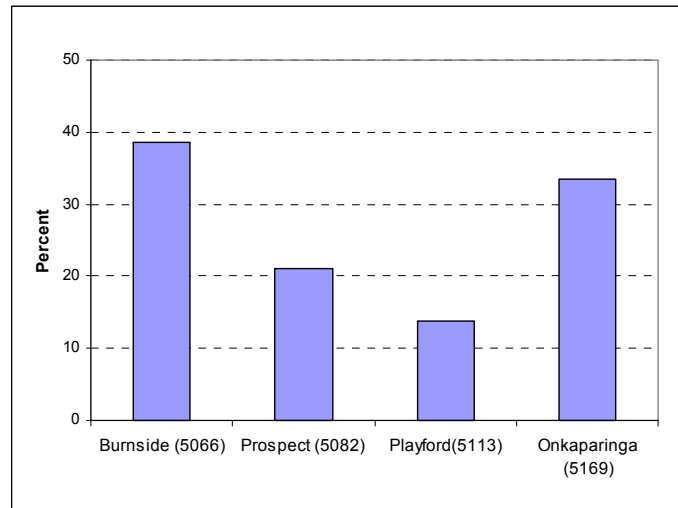
There is growing evidence that the location where people live can affect their health and that social capital has a mediating role in people's health, especially mental health. This section examines these potentially mediating roles of social capital in the respondents' self-rated mental health only because mental health has been shown to be more susceptible to influence by social capital than physical health. Further analysis will be undertaken with the data in regard to the links between health and social capital in the next stages of this project.

6.5.1 Perception of Neighbourhood Influence on Health

Respondents were asked about the extent to which they considered that their neighbourhood had an influence on health and were given five choices of response ranging from 1 representing "not at all" to 5 meaning "a great deal".

There were significant differences in the percentage of respondents' views between all postcodes (Figure 6.20). Nearly 40 percent of Burnside respondents and one-third of Onkaparinga respondents considered that their neighbourhood influenced their health "Quite a bit" or "A great deal". This proportion was a little over 20 percent in Prospect, but only 14 percent in Playford.

Figure 6.20 Perception of neighbourhood influence on health



In the qualitative interviews, participants were able to identify examples of the influence of aspects of their neighbourhood on health and well-being. This often emerged as observations about locational differences, as in the following examples from Prospect, Burnside and Onkaparinga:

"Last year was a really bad year for me. I think it probably helped being here [in Prospect]. If I was at Rosewater I think I probably would've ended up having a breakdown or something. It started off I had shingles at the start of the year and then mid year I had the car accident and it just felt like everything was falling apart. Having a place here and feeling more secure and safer than I had previously I think did help with that...But I think it really does make a difference; I come home from work and it's like a relief to come home it's not like ahhh I just don't want to be here." [Pearl 27 yo; married; lives with husband; renting privately; working full time; Prospect]

"Yeah I like it because the neighbourhood's nice...We thought about moving out only to get to a bigger premises, but we've come back to the fact that if we did move out, where would we move and we keeping saying that we just like it here so much that it's unlikely that we'd move out, because of our environment, proximity to services and I think the healthiness that this side of town gives us." [Maria 49 yo; married, lives with husband; home owner; works full time; Burnside]

"I like it. The beach. Just has an effect on your mood I think." [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]

Interviewer: "So do you think that you live in a healthy neighbourhood?"

Malcolm: What makes you say that?

Malcolm: I think near the sea and just – I think it's a very healthy neighbourhood. It's quiet, the air is nice. It's more, not countrified but out of the rat race." [Malcolm 65 yo; married; lives with wife; home owner; unemployed; Onkaparinga]

By contrast, although the survey suggests that residents in Playford didn't think their neighbourhood had anything to do with their health, in the interviews a number of health complaints were cited as directly attributable to the environment in their area.

"We can't go to the football, it's too cold and I've got a sinus problem too. Sometimes I have to close the door at four o'clock because I get all the spores and that and I can't breathe...I think where ever you live you make your own health really. If you're mentally depressed you'll be like that in any area that you live. You can live in a really superb area and be very lonely and no one can talk to you but in an area like this people can stop and say how you going today or whatever so I really don't think it's important" [Anne 66 yo; lives with husband; home owner; carers pension; UK migrant; Playford]

"I mean I've worked out in the sun all day, around here. You know, it has been mad hot and a good drink is a good drink isn't it? But I'm supposed to pack it up before hell freezes I suppose yes. It's got nothing to do with the area." [Jack 66 yo; lives with wife; home owner; retired; UK migrant; Playford]

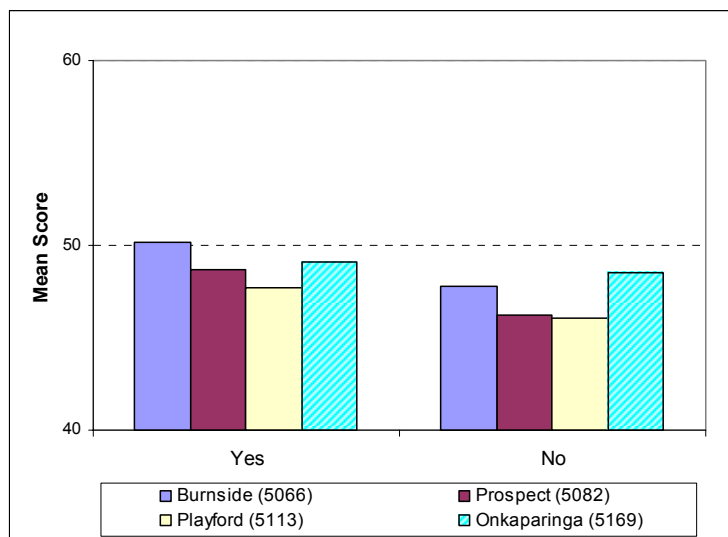
6.5.2 Social Capital and Mental Health

In this section we consider five components of social capital: participation in group activities, satisfaction with social life, norms of reciprocity, levels of trust in people in Australia, and availability of help for personal problems.

Participation in group activities

Figure 6.21 shows the locational differences in mental health status of respondents by whether they participated in any type of groups or organisations in the past year. Overall people taking part in group activities reported better mental health. Among respondents who joined group activities significant differences existed between Burnside and each of the other three areas. For respondents who did not join group activities, significant differences existed between Playford and Onkaparinga, and between Prospect and Onkaparinga.

Figure 6.21 Mental health status by postcode by group participation



The qualitative interviews suggested a very clearly perceived link between participation in activities and a positive effect on health and well-being.

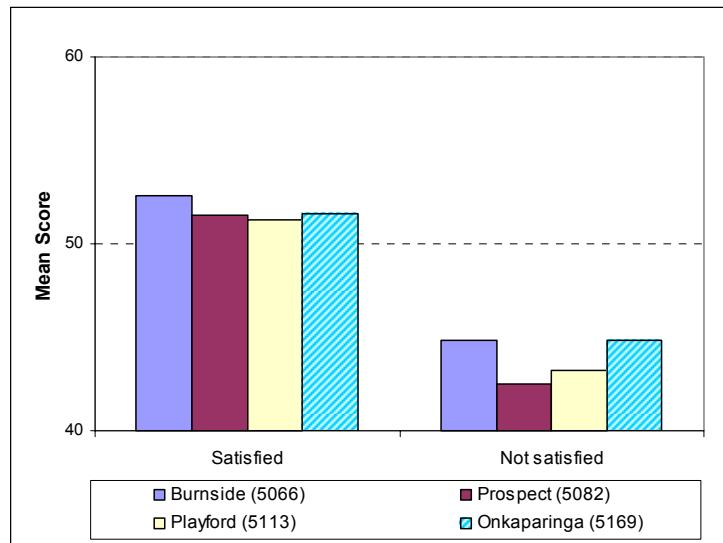
"I think it is positive because you are with like minded people you are sharing an interest and everybody goes there because they want to be there and I find it a very positive thing and you are always going forward somehow you are always learning something but I see all of that as very positive." [Margaret; 68 yo; single never married; retired; home owner; lives alone; Burnside]

"I really love art and for my own well-being I know it's really good for me. That's why...I did a mosaic course. It's just for me it was just important to have things that were; doing more creative stuff. It's nice meeting different people in a different context that's really pleasant as well." [Pearl 27 yo; married; lives with husband; renting privately; working full time; Prospect]

Satisfaction with social life

The survey asked respondents whether they were satisfied with their social life, including face-to-face, email or phone contacts with their relatives and friends. Figure 6.22 shows the locational differences in mental health status of respondents by whether or not they were satisfied with their social life. Across all four postcodes respondents who were satisfied with social life reported significantly higher mean mental health scores than those who were not. For those satisfied with their social life, the only significant difference in mental health status existed between Burnside and Playford. However, for those not satisfied with their social life, the differences between Prospect and Burnside and between Prospect and Onkaparinga became significant. This difference clearly suggests an association between social life and mental health but the direction of causality is not clear from these data.

Figure 6.22 Mental health status by postcode by satisfaction with social life



The qualitative interviews illustrate the ways in which participants associate having friends with positive health and well-being.

"When I had [Ben] he is 4, I always felt very isolated because I found there wasn't any baby stuff going on around here and you tend to stay home with a baby because you are setting a routine but I felt incredibly isolated and very down because you don't have that social contact. It wasn't really until he got to the kindy age when you start to meet people and stop feeling so isolated so I think that adult/adult contact is really important for mental health." [Jennifer; 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]

"I don't think I could have withstood the last few years if I hadn't had this tremendous back up of many, many groups." [Melanie; 72 yo; widowed; home owner; lives alone; retired; Burnside]

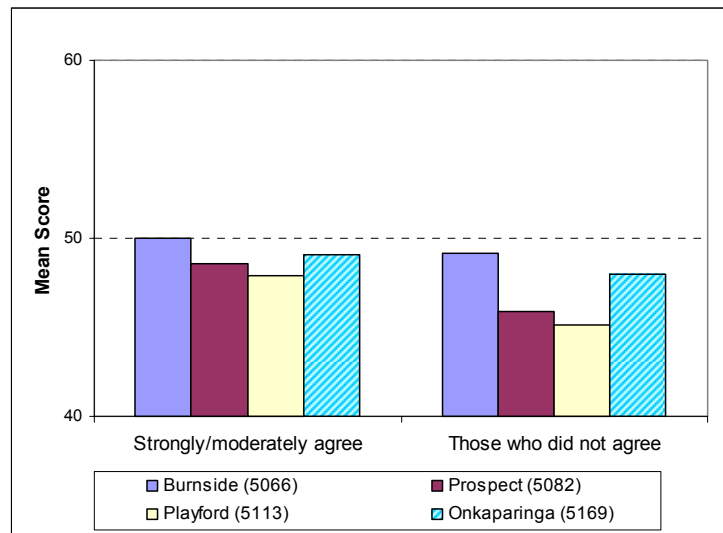
"Oh, well if you've got a good social life it saves your brain physically. You know it really does, it makes a big difference to a person keeping their neurological functions working well." [Michelle; 33 yo; married; lives with husband and children; home owner; self employed; works full time; Prospect]

"I think because sometimes you actually keep going because of your friends, when I was sick I had phone calls, I had people coming round, people sending me cards, is there anything we can do.... I have to be strong for other people and when I am not particularly strong, well other people help me to get back there." [Jo; 67 yo; divorced; lives alone; public housing; UK migrant; Playford]

Norm of reciprocity

Respondents' sense of reciprocity was gauged by asking them how strongly they agreed with the statement "By helping others you help yourself in the long run". The answers were divided into two groups: those who agreed with the statement, including "strongly agree" and "moderately agree"; and those who did not agree, including "neutral", "moderately disagree", and "strongly disagree". Figure 6.23 shows the difference in mental health of respondents by postcode by answers to this question. The mental health scores for Burnside and Onkaparinga respondents were significantly higher than those of Prospect and Playford both for those who agreed with the norm of reciprocity and those who didn't.

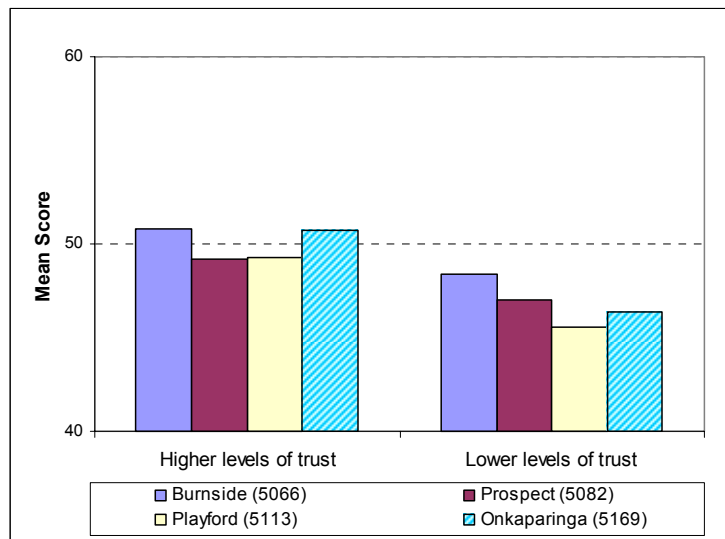
Figure 6.23 Mental health status by postcode by agreement with norm of reciprocity



Levels of trust

The survey asked respondents how much they trusted people in Australia in general. The answers were given on a 7-point scale ranging from 1 “do not trust at all” to 7 “trust completely”. We grouped answers in 5, 6 and 7 as “higher levels of trust”, and all others as “lower levels of trust” and then examined the differences in mental health by postcode (Figure 6.24). Respondents with higher levels of trust had significantly higher mental health status than those with lower levels of trust. Respondents in Burnside and Onkaparinga with higher levels of trust had significantly higher mental health scores than those in Prospect and Playford. There were significant differences for untrusting respondents between all postcodes except that between Playford and Onkaparinga.

Figure 6.24 Mental health status by postcode by levels of trust of people in Australia



The following examples from the qualitative interviews demonstrated a strong belief in the link between trust and positive effects on health and well-being on the part of some respondents.

Interviewer: *“What about trust? To what extent do you think that the idea of trust has an impact on your health? Either positive or negative?”*

Margaret: *“I think it must be very positive. If you didn’t trust individual people it would be horrid. It would be dreadful. Yes a very positive effect”* [Margaret; 68 yo; single never married; retired; home owner; lives alone; Burnside]

“Trust amongst friends? A huge impact. With trust if you trust a friend, you can go to them and you can speak to them and you can actually talk about maybe some stuff that only you and that person you’re speaking to need to know. You wouldn’t feel well if you’ve trusted that friend who’s gone out and just blabbing it to everyone else. You wouldn’t feel happy about it. So that’s part of health.” [Gordon; 42 yo; single, never married; lives alone; home owner; works full time; Onkaparinga]

"I think trust has a lot to do with how your body reacts and how healthy you feel. Without mentioning any names and things like that, if you're married and you have an affair, have a look at someone's health? The person who is having an affair. Just have a look at what internally happens to them and they are not healthy. I mean I've got a mate who has done that and he went from 80 kgs to 70 kgs in a matter of a couple of months and he looked sick. Just carrying that guilt. That guilt is he's broken trust and guilt trust, he's broken the trust of his relationship with his wife and internally he is suffering badly. But that's all inflicted on by himself. He chose five minutes of pleasure for two, ten years of guilt. It's his choice. So trust yeah has got a lot internally to do with your health. How you view yourself, how you view everyone else in your relationship." [Marcus, 45 yo; married; lives with wife and children; home owner; works full time; Burnside]

Interviewer: What about something like trust? To what extent do you think that might have an impact on your health?

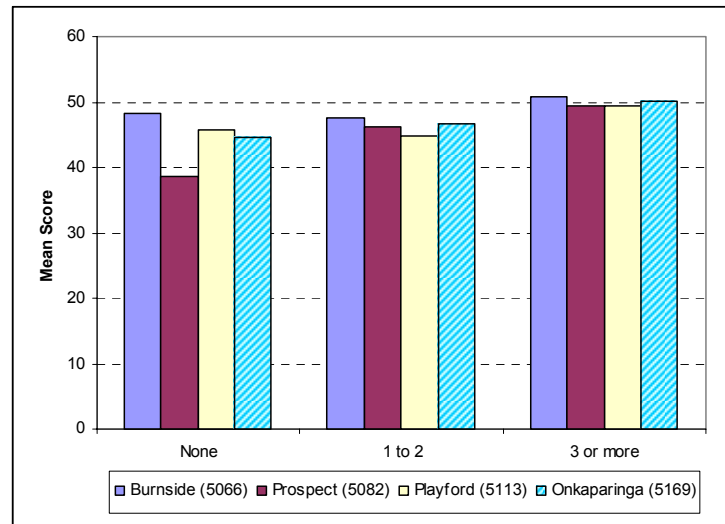
Pearl: "I think it's important. Last year when I did have the bad health I had to say look I'm not really coping very well and it's amazing how vulnerable that makes you feel but it also frees you at the same time. It seems weird and that's I think also with the people that are living here I've been trying to get over that thing of no, no you can't trust anyone any more, being suspicious of everyone and being friendly probably more so than what I would've been in the past but then also feeling better about the actual community that we live in. It's weird, it makes you vulnerable but it makes you free." [Pearl; 27 yo; married; lives with husband; renting privately; working full time, Prospect]



Availability of help for personal problems

The survey asked a number of questions about the help and assistance available to respondents in need. We chose one question about the number of people available to talk to about personal problems and help in making important decisions. Figure 6.25 shows the differences in mental health of respondents by postcode by the number of people available to help in this way. Except in Playford which had 50 respondents reporting no-one available for help, each of the other three postcodes had around 20 people without anyone available for help. There were no significant locational differences in mental health for these people. For respondents with people available for help, the more people available, the higher their mental health status. There were significant differences between Burnside and Playford for respondents with 1 or 2 people available for help, and between Burnside and Prospect with 3 or more people available to help.

Figure 6.25 Mental health status by postcode by people to talk to about personal problems



Once again, the qualitative interviews support this connection between social support and positive health and well-being.

Interviewer: *What about social support – there are people that you can rely on or who can rely on you?*

Margaret: *It is just nice to know it is there isn't it. But that is reciprocal with your particular friends...because again it makes you feel good mentally and if you feel good mentally the rest of you is going to fall into line. Mostly I mean sometimes the bottom of your spine gives you a bit of trouble but that can fix itself."* [Margaret 68 yo; single never married; retired; home owner; lives alone; Burnside]

Interviewer: *We have touched on this already but to what extent does social support have an impact on your health?*

Jennifer: *I think that, you know, social support from my girlfriends and that is pretty big. I have a very, very, very heavy weekend with my 14 year old daughter and her girlfriends. Things that I never expected to happen on the weekend and I found myself ringing my girlfriends. You know, almost hourly saying 'How am I going to get through this' and that was really good. Those girlfriends of mine became pretty important on the weekend...So it is pretty important I think that network"* [Jennifer 40 yo; married; lives with husband and three kids; home owner; home duties; Onkaparinga]

"I think everybody needs to have someone who listens to them and everybody needs to feel that they are accepted for themselves and in this neighbourhood there seems to be an acceptance. There is a fish and chip shop just around the corner and the couple that run that came from Lebanon, they both, he was a tailor, she was a high school economics teacher and they run a wonderfully, they listen to the people, and so many people go there who are having problems and you know she will take them into her little spot next door and give them a cup of coffee and just listen to them and I think, you know." [Simone; 61 yo; married; lives with husband; home owner; works part time; Prospect]

6.5.3 Neighbourhood and Mental Health

This section examines the locational differences in mental health of respondents by their perceptions of the physical and socio-cultural environment of their neighbourhood.

The variables considered relating to perceptions of the physical environment were: whether the neighbourhood was perceived as noisy; whether the neighbourhood was perceived as polluted; and whether housing conditions in the neighbourhood were perceived as poor. In the survey, respondents' perceptions of these three aspects were scored on a 7-point response scale, where 1 represented a negative assessment of the environmental aspect and 7 represented a positive assessment. We recoded the three variables into two groups: neighbourhood perceived as noisy, polluted or houses in poor condition (1–4 points); and those on the positive side (5–7 points).

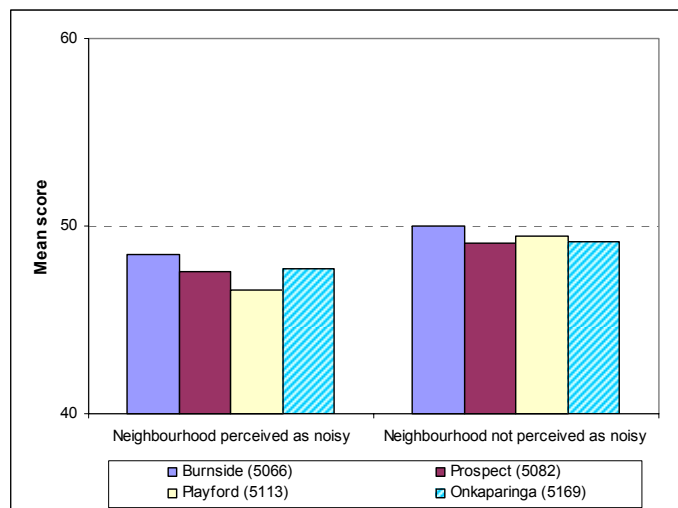
The socio-cultural variables considered were: feeling safe, feelings of belonging in the neighbourhood, the extent to which the neighbourhood is perceived as close-knit, whether neighbours were willing to help each other and whether neighbours were perceived as trustworthy. In the survey, all answers to these questions were given a 5-point scale, ranging from 1 representing "strongly agree" to 5 "strongly disagree". We divided them into two groups: those who agreed with the statement, including "strongly agree" and "moderately agree"; and others, including "neutral", "moderately disagree" and "strongly disagree".

We also examined whether the significant differences in mental health reported in Section 6.3.1 (between Burnside and Prospect, between Burnside and Playford, and between Playford and Onkaparinga), remain after taking into account these perceptions of the neighbourhood.

Neighbourhood perceived as noisy

Mental health status was significantly lower for respondents who perceived their neighbourhood as noisy than those who did not (Figure 6.26). However, there were no locational differences in either group.

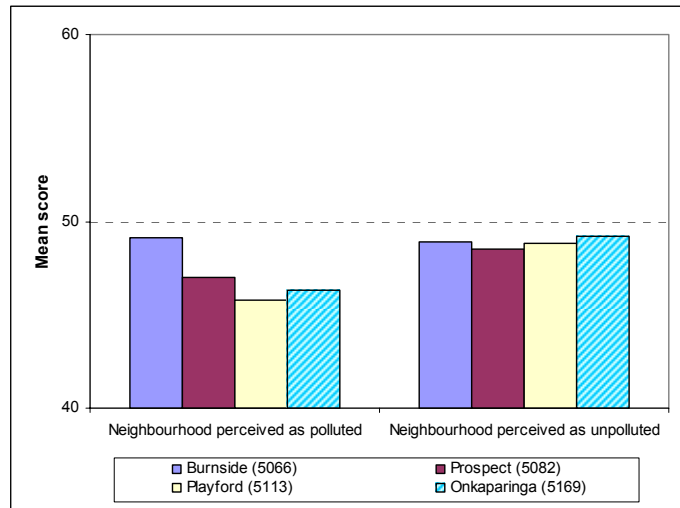
Figure 6.26 Mental health status by postcode by neighbourhood noise



Neighbourhood perceived as polluted

The mental health status for respondents who perceived their neighbourhood as polluted was significantly lower than those who did not, in all areas other than Burnside (Figure 6.27). The difference between Burnside respondents and those in the other three postcodes was significant.

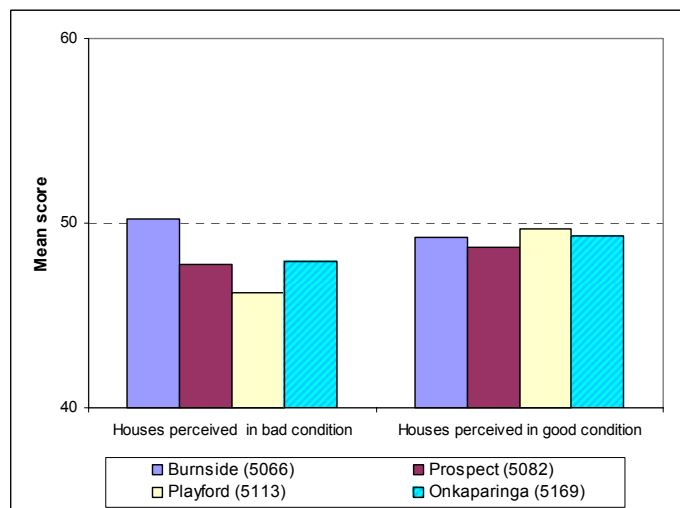
Figure 6.27 Mental health status by postcode by neighbourhood pollution



House conditions in neighbourhood perceived as in bad condition

For respondents who perceived that the houses in their neighbourhood were in good condition there were no significant locational differences. By contrast, for those respondents who perceived bad housing conditions, the locational differences were significant with Playford residents having significantly worse mental health status than residents from the other areas (Figure 6.28).

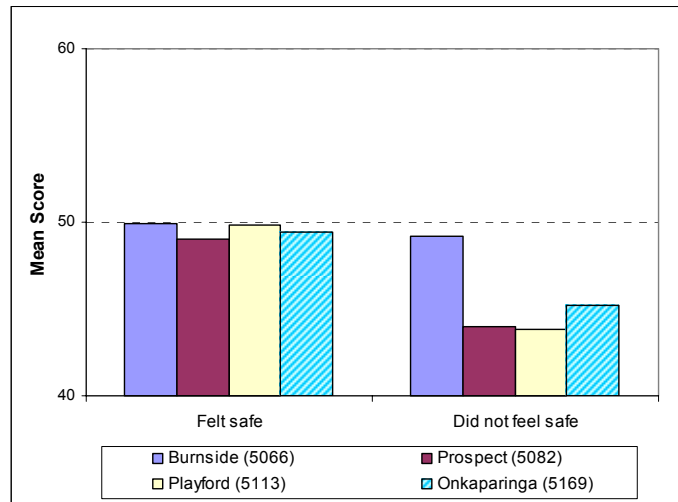
Figure 6.28 Mental health status by postcode by condition of houses



Feeling safe in neighbourhood

Figure 6.29 shows the locational differences in mental health of respondents by feelings of neighbourhood safety. With the exception of Burnside, there were large differences in mental health between those feeling safe in their neighbourhood and those feeling unsafe. For those feeling unsafe, significant differences existed between Burnside and Prospect and between Burnside and Playford.

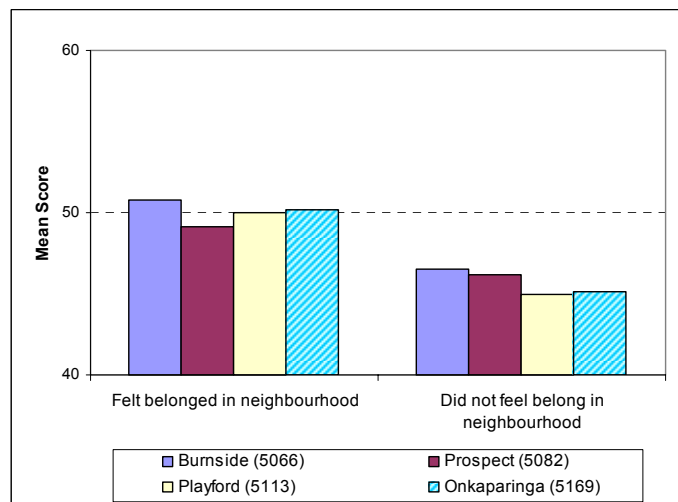
Figure 6.29 Mental health status by postcode by neighbourhood safety



Feeling of belonging in the neighbourhood

Figure 6.30 shows the locational differences in mental health of respondents by feelings of belonging in the neighbourhood. Mental health status was significantly higher for those who felt they belonged in the neighbourhood than for those who did not. There were no significant locational differences in mental health among respondents who did not feel they belonged in the neighbourhood. For those who felt they belonged in the neighbourhood, significant difference existed only between Burnside and Prospect.

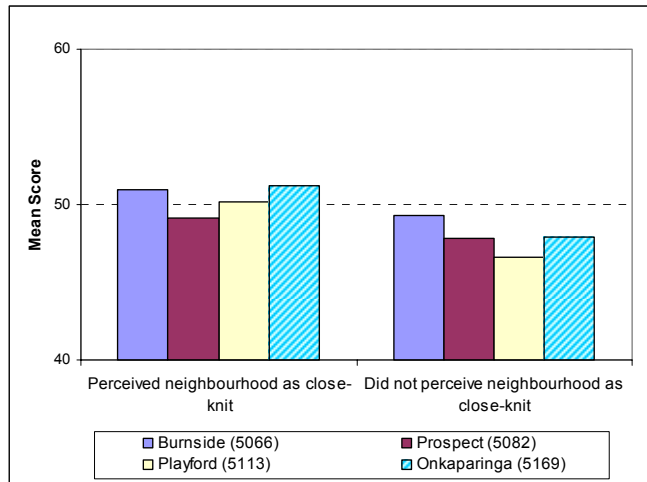
Figure 6.30 Mental health status by postcode by neighbourhood belonging



Neighbourhood close-knit

Figure 6.31 shows the locational differences in mental health of respondents by perception about whether they considered their neighbourhood close-knit. Among respondents who considered their neighbourhood close-knit, there were no significant differences in mental health status. However, for those who did not consider their neighbourhood close-knit, the mental health status of Playford respondents was significantly different from that of respondents in the other three postcodes.

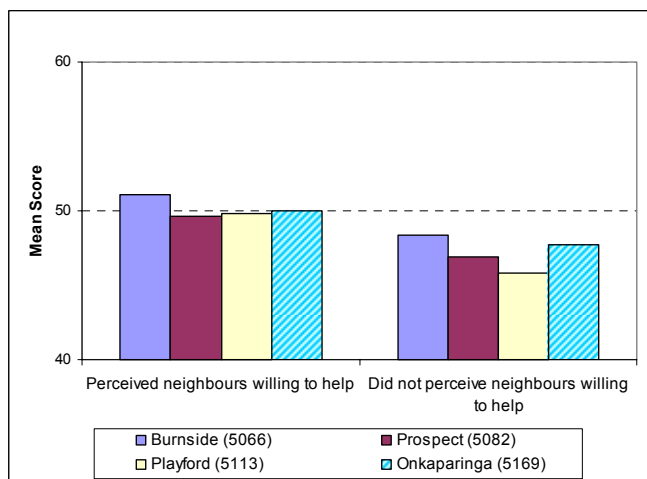
Figure 6.31 Mental health status by postcode by neighbourhood as close-knit



Neighbours willing to help each other

Figure 6.32 shows the locational differences in mental health of respondents by perception of whether neighbours were willing to help each other. For those who considered their neighbours willing to help each other, the only significant difference was between Burnside respondents and those in the other three postcodes. However, of those who saw that their neighbours were not willing to help each other, there were significant differences in mental health status between each postcode.

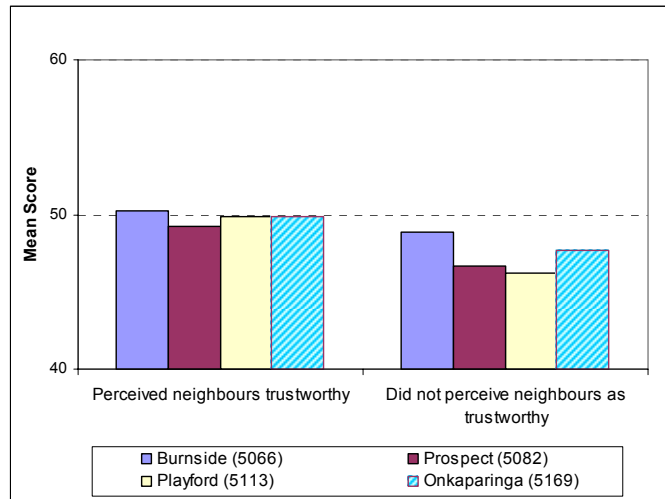
Figure 6.32 Mental health status by postcode by helpfulness of neighbours



Neighbours can be trusted

Figure 6.33 shows the locational differences in mental health of respondents by perception of whether their neighbours could be trusted. There were significant differences in mental health between Burnside and the other three areas among those who considered that their neighbours were not to be trusted.

Figure 6.33 Mental health status by postcode by trustworthiness of neighbours



6.5.4 Summary of Social Capital, Neighbourhood and Mental Health

The locational differences in terms of mental health became smaller or insignificant for those reporting higher social capital and more conducive neighbourhood environment. In terms of social capital, being happy with one’s social life and having more people available for help were associated with a reduction in locational differences in mental health. With respect to neighbourhood environment, feeling safe in your neighbourhood, perceiving neighbours willing to help each other and being trustworthy were associated with improved mental health. In addition, in each postcode, mental health status was much higher for those reporting favourable social capital and neighbourhood environment than those who did not.



6.6 Chapter Summary

This chapter reviewed the self-reported health status and well-being of respondents, and further examined the locational differences by respondents' socio-economic background. A single item general health measure and two derived summary scores of physical health and mental health were used to describe the self-rated health status of the sample.

Respondents across the four postcodes tended to self-report positive general health, but there were significant differences between postcodes with the exception of between Burnside and Prospect. More than 80 percent of respondents in Prospect and Onkaparinga and 90 percent in Burnside reported their general health as good or above, whereas this proportion was significantly lower in Playford (70%).

In terms of physical health status, Burnside and Prospect respondents reported significantly higher levels than Onkaparinga and Playford respondents. Onkaparinga respondents also had significantly higher physical health status than Playford respondents. This trend was further examined by age, gender, and household income and the locational differences still existed although with exceptions in some subgroups. For example, the physical health status of respondents in Prospect aged between 65 and 74 was lower than those in Onkaparinga.

In terms of mental health status, significant differences existed between respondents in Burnside and those in Playford and Prospect. This pattern was consistent across subgroups by age, gender, education level and household income, except in the age group below 25, and in the higher income group with household income over \$52,000. For Onkaparinga respondents, the only significant difference in the mean mental health score was with respondents in Playford.

Residents of Playford were most likely not to undertake any exercise, to smoke, to be a non-drinker and to eat one or less serves of fruit per week.

The chapter also examined the mediating roles of social capital and neighbourhood characteristics in locational differences in mental health status. In general, respondents with higher levels of social capital and more positive perceptions of the neighbourhood environment had better mental health status than those without. For respondents with favourable levels of social capital and positive perceptions of the neighbourhood environment, the locational differences in mental health became smaller or insignificant, but for those without these favourable conditions, the locational differences generally became significant though with some exceptions. In terms of social capital, being happy with one's social life and having more people available for help reduced locational differences in mental health. With respect to perceptions of the neighbourhood environment, feeling safe in one's neighbourhood, having neighbours willing to help each other and being trustworthy appear beneficial to mental health. All these suggest social capital and neighbourhood environment mediate the mental health of respondents.

Chapter 7 Engaging with Policy Makers

7.1 Introduction

In the later part of 2006 we held four policy workshops to discuss the policy implications of our research results. Our policy consultations started from our research findings, that both compositional and contextual factors contribute to the inequalities documented in this study and that these interact with each other in a way that makes it difficult to specify precise causal pathways to health outcomes. Consequently, our engagement with policy makers was devoted to discussing various interpretations of our findings, as well as exploring the different lenses policy makers, practitioners and community members brought to the question of how health inequities in their area were created and maintained — and what could be done to change them.

Three workshops were held between June and October 2006 in the local government areas in which our study postcode areas are located. Insufficient numbers registered for the workshop in Prospect, so an interview was held with a local government official. The 62 people who attended the workshops held a variety of service provision and management roles in local services of state government agencies and local government. The workshop started with a summary of the main findings of the research and compared the area in which the workshop was held with the other areas in the study. This was followed by group discussions in which participants were invited to develop questions about the findings, consider what policies led to the current picture of health equity, and what policies may close the equity gap. Participants were also asked to make suggestions about the comparison between the area and other areas in the study. We selected a facilitator from the participants and provided a note taker from the research team who prepared a summary of the discussion to present to the plenary session at the end of the workshop.

The local consultations identified the following policy questions as crucial to reducing health inequities:

- Education and employment opportunities
- Accessible and affordable transport
- Physical design of neighbourhoods and suburbs in view of (changing) demography of area
- Role of community development and social capital building activity at a local level
- A mix of local services and facilities and methods of integrated planning for these

We then held a state workshop attended by 39 people from a range of state government agencies. The workshop started with a summary of the main findings of the research and the outcomes of the local policy workshops, followed by group work in which participants were asked to develop detailed policy options for at least one of the policy questions identified by the local workshops. As in the local workshops, we invited a participant in the workshop to facilitate one of the small groups and provided a note taker to prepare notes for the presentation to the plenary session. In addition, we provided a second note taker from the research team to take a more detailed record of the discussions.

Members of the research team have effective and enduring connections with many of the committee members, service providers and policy makers who attended both local and state workshops. These connections were utilised to maximise policy engagement.

We analysed the data from the state workshop by first checking whether participants agreed with the five policy questions derived from the local workshops. Next, we looked for new policy ideas or emphases to supplement the findings from the local workshops. Finally, we analysed themes relating to state-wide or cross-government policy activities that inform future policy work. As a result, this chapter starts by presenting the findings from both the local and state workshops, grouped into the five policy themes. Then, the chapter explores whole-of-government and policy implications against the backdrop of the South Australian Strategic Plan. Chapter 8 concludes by examining the broader implications of our policy findings, by referring to key national and international policy frameworks.

7.2 Themes from State and Local Policy Consultations

The main themes that emerged from the state and local policy consultations have been outlined above and are expanded on below. In each area some locally-specific issues were discussed and these are summarised in Table 7.1 below.

Table 7.1 Local perspectives from policy consultations

AREA	LOCAL ISSUES
Onkaparinga	<ul style="list-style-type: none"> • Concern with need for employment opportunities given a feeling that “all new jobs were going to the north” • Desire for stable and significant employment opportunities — regret at loss of Mitsubishi and Lonsdale Oil refinery jobs • Discussion of reasons for Postcode 5169 “punching above its weight” in terms of social capital — strong feeling this resulted from long-term social planning which had meant good service provision and community development, a history of community engagement and effective across-sector co-operation in the area
Playford	<ul style="list-style-type: none"> • Feeling that employment in area is precarious and that while there are new jobs they do not go to locals • Concern that Playford has developed a culture that stresses not succeeding in education and employment • Concern that shops were not “healthy” (mobile phones, junk food outlets, credit shops) and “socially useful shops” needed in shopping centres • Comparison with desirable infrastructure and environment of Burnside • Frustration with constant needs assessments and plans and fragmented and ineffective planning
Burnside	<ul style="list-style-type: none"> • Strong appreciation of the aesthetics of Burnside, the large area of green space and proximity to the city • Recognition of importance of community activism if any threats to the quality of community life and as part of planning process • Discussion of the way in which Burnside had changed and that the suburb has a “life-cycle” • Strong empathy with the residents of Playford and the need for improved environment and infrastructure in that area, especially for education and employment • Promotion of progressive taxation to improve quality of life in poorer areas
Prospect (one interview only)	<ul style="list-style-type: none"> • Suburb in the midst of demographic transition and becoming younger and more multicultural • Need to forge separate identity for area which is hard because of closeness to city centre • Community engagement and community arts stressed, seen in revitalisation of Prospect Road as village & shopping centre

Beyond the information that was specific to each area, our five broad policy questions emerged from our synthesis of the discussions at the local workshops and these are discussed below. These necessarily overlap, but provide a useful means of ordering the information.

7.2.1 Education and Employment Opportunities

In each area it was recognised that while social capital and the quality of neighbourhood were important, **the most fundamental factor that was likely to reduce inequity was access to education (both school and post-school) and to employment.** There was a general feeling that if people have access to education and subsequently jobs, then health inequities would reduce over time.

The issues of education and employment were seen against the backdrop of a **growing polarisation of society** between the better and worse off. Interestingly, this was of most concern in Burnside. The respondents were **uncomfortable with the policy direction of minimising taxation rather than investing in social and economic infrastructure.** It was noted that the GST meant the wealthy were paying less tax and “the rest more because of broad-based taxes such as the GST”. Along with this sentiment was a feeling that there was too much emphasis on making individuals wealthy, “not how do we encourage a sense of community and create healthy communities”.



Education

It was noted that there is no university campus in the north of the city and that **training opportunities for trades and semi-skilled jobs** are very limited and need to be expanded and available.

A participant in Burnside noted that areas such as Playford need to develop a **“sense of pride” and that “you get that through education, through which people get more control”.** In Burnside the respondents were very aware that the **quality of education** children experience differs considerably depending on the quality of the school. It was noted that poor areas often have less facilities in their schools such as libraries, sports and range of topics taught. It was suggested that there should be positive discrimination with smaller classes in poorer areas and the provision of individual counselling for students. Investment in public education was seen as fundamental to achieving equity.

There were strongly expressed views from the state workshops that in Playford the culture did not support young people going on to higher education or skilled employment. It was noted that Playford has one of the lowest rates in Australia of young people continuing to further education. One participant recounted that women re-entering school face huge barriers and would be told they were “getting above themselves” and that education was “not for you”. Thus, expectations were low and these expectations tended to become a self-fulfilling prophecy. A central issue for Playford was seen to be initiatives to change this culture.

Following the visit of Dr Fraser Mustard, an early childhood development advocate and the South Australian Thinker in Residence in late 2006, there were several recommendations from the state workshops for programs to enhance early childhood development. Some felt that, given the importance of the early years, there needed to be more data to focus government support on, for example, isolated young mothers. The view was also expressed that there is too much focus on adult disease at the expense of investment in children’s health.

At the state workshop it was argued that there are strong connections between housing mix, physical design of suburbs, changing demographics and the need for programs to promote early childhood development and life-long learning. One discussion started with an observation that, in Playford, there is a lower level of certificate and trade qualifications, and moved to the need for life-long learning. It was noted that in some cases teenagers in Playford may have been to 8–10 schools and so are very disaffected by the education system. This, in turn, is related to a very high private rental stock which is precarious housing. It is a policy issue to support longer tenure to build up neighbourhoods and reduce high turnover characterised by a dysfunctional community. This led to the question of whether the housing minister liaises with the education minister, especially in terms of liaison on new development. It was argued that Education and Health work together, but not Housing.

Employment

In all workshops participants were clear that providing employment opportunities was central to reducing health inequities. In the south it was suggested that the government should stop investing in “old” industries (such as petrol car manufacturing) and instead invest in new industries with a growth future. In the north it was noted that while there were new jobs, unlike in Onkaparinga, they tended not to go to locals. In fact, it was perceived that there was prejudice against locals from some employers. It was reported in the state workshop that at an employment forum held in Playford, one local employer had said “we don’t employ ferals” when referring to local residents.

In Playford and Onkaparinga the WorkChoices legislation and the tightening up of criteria and requirements for unemployment and disability benefits were seen to have created additional stress for poor people. **These new policy directions were seen as unnecessarily punitive and as not contributing to reducing inequity in and of themselves.** They were described as having created a “dog eat dog” atmosphere. However, some participants felt that if these were combined with sufficient training and genuine support to people to obtain meaningful and reasonably paid employment, then they could have a beneficial effect on inequity. Thus, it was felt that if more sole parents could enter the workforce they could potentially gain emotional and social support and income. To achieve this outcome **child care** was seen as crucial and the view was put that it should be tax deductible.

The state workshop called for further investigation into the role of education, employment and continuous training in promoting health. It was acknowledged that the links between these factors need to be better understood and any concerted action would require inter-agency collaboration. The workshop discussions gave an impression of uncertainty about the future of employment in Adelaide. This was because of two overriding factors: the global forces causing the decline in the traditional basis of manufacturing employment and the lack of an obvious employment substitute; and the introduction of the Australian Government's WorkChoices legislation that was feared to have a very adverse impact on less-skilled and poor people.

7.2.2 Accessible and Affordable Transport

Accessible and affordable transport was seen as essential to good health in each workshop. Transport was described as a problem in both the outer study areas in Onkaparinga and Playford. Burnside and Prospect are close to the city and public transport was not described as a problem. At all workshops it was clear that **transport is seen as an important part of the ways in which inequity is created both in terms of a means of overcoming social isolation and in linking people into education and employment opportunities.**

In Playford there were general statements about inadequate public transport making it difficult to get to shops and services. Some attributed the problem to privatisation and lack of co-ordination of transport; others recommended a community bus.

In Onkaparinga the discussion specifically framed accessible transport as essential infrastructure for key building blocks of social capital. The workshop argued that transport was essential to enable people of all ages to maintain social connections by getting out and seeing people. Transport was also essential because the venues for civic engagement are often inaccessible by public transport. Inaccessible transport was seen as a part-cause of isolation. For the workshop, transport planning was the weakest link in a generally positive story of proactive social planning 20 years ago that deliberately combined infrastructure provision with community engagement and development. Moreover, there were well-known transport black holes, about which no action has been taken.

The state-wide workshop gave rise to extensive discussion on the need for master planning in local areas to give a more macro perspective on transport, noting that transport planning involves clashes between state and local governments in responsibility: for example, arterial versus local roads. Fears were expressed that the focus on achieving the South Australian Strategic Plan's target to double week-day transport trips to 10 percent of all trips by 2018 would mean a focus on high-volume employment-related trips at the expense of travel between suburbs, which is likely to be more important to socially marginalised people. This leads to the concentration on high-volume, employment-related trips. This focus also poses a challenge because jobs are no longer located on radial transport routes and, instead, they require travel across the suburbs at different times of the day because of shift work. This is very hard to plan for.

The workshop also argued that, in Burnside and Prospect, there are relatively high levels of public transport provision alongside low usage. In these suburbs, due to income and proximity to the city, people use private cars to go to the city. Transport policy is also driven by a desire to reduce road traffic congestion. One example linking the education and transport sectors is of traffic congestion caused by private car trips to and from school. This is related to fears of safety. The transport department is exploring school walking-buses. However, it was argued that this is made difficult by consolidation of smaller schools into larger schools which compounds the distance and safety problem and makes it more likely that children are driven to school. This is an example of the complexity of policy, whereby decisions to amalgamate schools may have unintended consequences for the implementation of transport policy.

Another example of the intersectoral nature of policy is the link between safety, public transport and the status of women. The Office for Women has a Women and Safety strategy which refers to the safety problems experienced by women on public transport. It was speculated that there may be a flow-on of extra staff and cameras for increased overall security arising from the terrorism debate.

Health services and other services need to be accessible by affordable transport for clients. Sometimes, this has not happened in the past and health services and their clients suffer from a lack of planning. There is a need for long-term planning in order to match all human services with transport.

One of the groups in the state workshop used transport as an example of the need to plan not only at the state level, but also at the local area level. One argument was that local government is well placed to play a strategic role in transport planning, exemplified by the way the local policy workshops linked low civic participation and lack of public transport. There is a tension between the desire and ability of local governments to plan for transport and the fear that they will have to take over costs formerly borne by state government. There is also the view in local government that transport planning is too hard because of jurisdictional problems and the inevitable controversy that goes with public transport. There needs to be engagement between local and state governments in order to enable local government to bring its local experience.

The state workshop discussed the importance of relating the recommendations about transport to the elements of social capital and health in the research study. The South Australian Strategic Plan provides a good framework to develop more concrete policy recommendations that link transport with aspects of social capital and health, in particular with social isolation, mental health, obesity and physical activity.

7.2.3 Physical Design of Neighbourhoods

The local workshops approached the physical design of neighbourhoods by considering those past policies and actions that gave rise to the current picture and contemplating what may happen in the future, given the changing demography of areas.

Prospect, for example, is going through a **transition stage from an older population to a younger population**. The housing stock is old and young professionals with families are moving in. In some areas blocks are being subdivided. The demographic change has implications for the location and nature of activities and the enhancement of both civic participation and social connections. Recently, a Prospect Council survey of every club and organisation in the area found many struggling for membership, for example, senior citizens and neighbourhood watch groups. While there are newer activities such as yoga, the meeting place is changing from the community hall to the streets and parks. Prospect has a lot of well-attended non-threatening, easy-to-access, community events including fairs, twilight concerts and outdoor-based parties (as opposed to joining clubs). Some are based in the rejuvenated Prospect Road which seeks to create a village feeling. Events combine with a very strong community arts program and public art to give identity and focus to Prospect.

Prospect is close to North Adelaide and the city and so a lot of social and cultural meetings and events happen outside Prospect. Over the years there have **been a number of attempts to rejuvenate Prospect Road and other shopping centres**. Prospect is relatively affluent but does not yet have the same visibility and identity as areas such as Norwood Parade and Burnside.

Although Burnside is now seen as close to the city, when first settled it was considered to be somewhat isolated and land was therefore cheaper. Property values are now very high and there is traditionally older housing with trees and space. With population pressure and as older people sell houses, trees are cut down and new owners rebuild new double-storey houses with small gardens. The view was strongly put that in relation to planning, the council has little room to move and is dictated to by the state government. That means there is **very little local input in terms of understanding what constitutes a healthy community and quality of life**. Participants in Burnside argued that planning regulations are crucial to creating a healthy community and that the state government used to do much better in social and land use planning. Good quality of life and healthy communities require open spaces. When people have **smaller gardens they need green spaces and sporting facilities as communal areas**. The aesthetics of the environment are really important and contribute to self-esteem. Burnside's identity and appeal is largely due to the green and aesthetic environment.

The Burnside workshop argued that suburbs like Playford also need greenery and open spaces that gradually help to develop a sense of pride and people get more control:

"We'd be pleased if every area was like Burnside— it would be better for us!!"

The Playford workshop contrasted the relative wealth of Burnside and Playford with the observations that, with a lower rate base, **local government is unable to spend as much on infrastructure**. This means, for example, that poor maintenance of footpaths contributes to a lack of safety and to people not going out at night. With new redevelopment there is some physical infrastructure, but not enough. A feeling was expressed that plans are made and discussed but not followed through and that local services are fragmented and un-coordinated. Community involvement in planning was seen as important but only if the plans were going to be acted on and not "left on the shelf".

Playford was initially designed around the needs of factories, so it is unsurprising that there was discussion of the link between urban planning and industry policy. It was argued that governments, including the state government, continue to support old-fashioned industries (e.g. manufacturing and General Motors Holden) instead of closing unproductive industries and opening new ones. It was suggested that government could support new industries to move into empty shops, as these look depressing. There could be economically and socially productive new tenants to replace the influx of pawn shops, pay-day lenders and mobile phone shops. As one participant put it, “we need useful shops that don’t get people into debt”.

The strong view was expressed that it is essential to **change the environment so people feel safe to walk and use public transport, and the physical environment, for example, to re-engineer train stations so people feel safe**. Similarly, it was felt important to provide structures and infrastructure (e.g. footpaths, walking trails, play equipment for all, public gardens, community art) so that people have a reason to leave their homes and be social.

A strong theme in the Onkaparinga workshop was the importance of **prescient urban planning two decades ago**. This created facilities, environment and infrastructure that are already very good and generate pride. Infrastructure, however, not only has to be maintained but also regenerated according to a plan taking into account the changing life-cycle of suburbs.

Good urban and social planning in Onkaparinga co-existed with social cohesion related to commonality: for example, similar length of residence and age structure. Having children of similar ages led to connections to community through school, sport and common interests. This created hope, sense of purpose and a sense of control helped by a high level of home ownership and stake in the community. As the age structure and composition of the population changes, there will need to be increased accessibility to civic activities, as suburbs become more like dormitories when very large local employers close. **This leads to people working outside their local community, disconnection from employers and the loss of infrastructure such as childcare** that was formally provided by large local employers.

As in Playford, workshop participants argued for the community to be involved in urban planning because they understand people’s view of the area and they know about pride in the area. Overall, there was a sense that a good physical environment (green, well-maintained housing, good footpaths, no graffiti, proximity to the beach) builds self-esteem in local residents and so helps prevent crime and vandalism and builds a trusting and supportive community.

The state workshop identified that a crucial driving force for policy was the need for planning and urban design in response to population ageing and other demographic changes. Urban consolidation is an important policy, given the 2 million population target for South Australia. This has implications for outer areas if inner city areas resist the consolidation. The implications of these policies for equity were unclear but concern was expressed that those on the urban fringe (including Playford and Onkaparinga) are likely to be under increasing economic pressure as the cost of energy increases and interest rates increase housing costs.

The housing mix and physical urban design help determine the identity of an area so it is necessary to pay attention to how clustering of similar people in some areas (for example people with low incomes or mental illness or of a particular cultural group) affects the area. Concern was expressed about the loss of social housing and the operation of the private rental sector. Often poor people do not have secure tenure which means they move more often, reducing the social cohesiveness of poorer suburbs.

Participants in the state workshop considered the implications of large infrastructure developments and the consequences of land use mix and change over time and space — for example, the new Marion swimming pool, South Road changes and the presence and location of industry. These all influence environment health, residential desirability and the aesthetics of the area and so, in turn, the health of individuals.

7.2.4 Community Development and Social Capital at a Local Level

In all three workshops **strengthening communities and building and restoring trust was seen as an essential part of reducing inequities**. The relative strong performance of Seaford in terms of social capital was felt to reflect the good social planning and community development work that was done in the late 1980s and early 1990s when the suburb was established. There was a strong feeling in the Onkaparinga workshop that **the provision of services and community development early on the Seaford development had been a great intervention in terms of creating a successful suburb in a lower-than-average socio-economic area**.



Trust was particularly highlighted in Playford but also featured in the other areas. There was a strong feeling that a sense of trust needed to be restored and fostered. There was no clear idea how this might be done but respondents suggested it was connected to building a sense of pride and self-esteem in the community. A sense of control was also seen as an important part of the picture.

Respondents were very clear that “restoring a sense of community” should start in the local places such as community gardens, crèches and neighbourhood houses.

Churches were also seen to have a role to play in community building. The state workshop stressed that community and councils must change and work together to create a sense of community. Such a sense was seen as important for health. There was some concern that the definition of “civic participation” used in the study was limited. It was pointed out that the measures used were designed to allow for comparison with other studies.

At the state workshop it was questioned whether the data indicated that the social connections of ethnic groups differ from the Anglo-Celtic majority. For example, Seaford is much more mono-cultural than Playford — and participants wondered to what extent this accounted for the difference between the suburbs.

Community development was seen as a **long-term process that represented a good investment of government funds**. It was stressed that project funding does not encourage the long-term engagement necessary to build local solidarity and trust. There was a suggestion that lessons should be derived from successful community building and strengthening projects from interstate, and from the past, instead of starting afresh with initiatives. There needs to be much better funding to answer the question of “what works?” in local communities. Community centres that are locally managed were seen as important by many respondents. Giving people a sense of control in lower socio-economic areas was seen to be crucial to reducing inequities. The participants in the state workshop were very clear that good processes of community engagement lead to better government decision-making and that while it takes time it is a good investment when it is done well.

The group of **isolated people** identified in the study represented a group who were identified as being at risk of associated health problems and as one facet of health inequity. Social inclusion initiatives were well-regarded but not seen to extend far enough or be well-funded enough. The need for a range of community meeting areas that would appeal to different groups in the community was stressed. Transport to get to them was also seen as important.

The **“stigma” of areas** was identified as a problem in Playford. People get labelled as a result of the area they live in and report it is hard to find a job because of where they live. There were no clear solutions to this issue. But people felt the challenge was to create a “we can do it” positive attitude in the local community.

The socio-economic advantages of Burnside were seen to result in a community that is able to stand up for its rights and organise to protect them. As one respondent said “Often if they want to protest, they have resources, education, money to take action”. The state workshop felt the concern of Burnside residents to increase equity had interesting potential policy implications and deserved further exploration.

The state workshop argued that, in relation to social capital, advantage breeds advantage. Conversely, stress from poor housing and unemployment is handed down through generations. Urban renewal can improve the situation and stress can be reduced by a rise in income. Social housing, a return to the SA Housing Trust idea, can help to reduce one stressor. There is also some responsibility of industry and the private sector in general to foster social capital and support for their employees.

It was argued that there could be more focus on positive health measures and indicators using, for example, qualitative research to explore factors such as

'resilience' by taking a cluster of people who have grown up in deprived areas and yet coped well, to determine what enabled them to do so.

7.2.5 Mix of Services and Facilities and Methods of Integrated Planning for These

In Playford the workshop stressed the need for integrated services and action across sectors. In Onkaparinga the discussion noted that integration and action across sectors did happen, but that there was scope to make it better. But there was clearly a feeling that integrated planning and action across sectors was working to some degree. In Playford it was noted that the outer southern metropolitan area seemed to do this work more successfully. This was seen to reflect the long history of integrated social planning in Seaford. Again, this was seen to be part of the explanation for why Seaford scored higher than might be expected on a number of social capital indicators measured in our study.

The view was expressed that although there are plans for better integration in Playford, none of them was achieving much success. There had been many reports and it was suggested that all these successive reports should be reviewed and then the key ideas synthesised and then acted on.

The early provision of services in newly developing areas was seen as a good investment for governments, as the expenditure is likely to save money later on through less crime, better health and less drain on welfare services.

Support for people with mental health problems was seen as lacking. Respondents suggested there needed to be better integration of housing and mental health services.

It was suggested that there should be incentives for professionals such as teachers and doctors to work in disadvantaged areas to break the cycle of accumulating disadvantage. This was seen to happen when poor areas also have worse services, higher class sizes and the most crime.

Shopping centres were seen to be important meeting places. In Playford, respondents noted that they thought there should be more "useful" shops (e.g. greengrocers) as noted above. Attempts to encourage small businesses into the area through innovative schemes were seen as desirable.

Discussion at the state workshop suggested that here could be more exploration of the role of sporting activities and recreation as an indicator or link to health outcomes through preventive measures and overall participation.

The point was made by several people at the state workshop that all government departments should be accountable to society for health outcomes — it is not about separating education/health/environment but about integrating their performance. The need for departments to react to immediate issues was seen to impede long-term planning.

The state workshop strongly echoed calls from local workshops for long-term programs from the central agencies to support local community development and avoid 'projectitis'. Playford has had so many seed programs, only to find that

successful projects had resources taken away because they were meant to be sustainable! There must also be enhanced collaboration and avoidance of contradictory policy settings between agencies and levels of government.

There must be planning with, not for, community. Too often, state agencies tend to take an engineering approach, ignoring the reality that consultation and community engagement lead to better decision-making. For the South Australian Strategic Plan to be effectively implemented there must be ownership by agencies and community and ensuring this would require implementation of the best models of engagement and trust building.

A number of people commented that in Onkaparinga there have been highly collaborative arrangements: "In the south you are a pariah if you don't work together, in (other areas) the north you are a pariah if you do!!" Collaboration has a long tradition in the south, back to the 1970s, and has been supported by the amalgamation of smaller local government areas. Other areas noted that they tried to set up integrated services before people moved into a new area, but resources were not forthcoming.

Some noted that there had been few rewards for working across sectors, but there has been evidence of more cross-sector collaboration since senior staff have this aim stated in their performance agreements.

It was noted that in Playford there has been considerable development which involves people moving across communities, for example, through the Northern Regeneration Project. The philosophy of regeneration was seen as good in general, but needs to be more supported by agencies working together for an integrated approach to community development and health promotion. The comment was made that the problem is with Treasury making decisions based on economic considerations alone, without understanding what needs to happen on the ground. Keeping housing affordable was also seen as a key policy goal that was currently being undermined by house price and rent increases.

7.3 Policy Context

Policy makers are often frustrated if researchers do not present results which provide definitive policy implications. They find that research results are often ambiguous and do not directly suggest policy directions (Lomas, 2000). Public health researchers are increasingly aware of this frustration but also believe that research results have more to offer than direct policy directions. In this research we have documented clear inequalities between areas and people with different socio-economic status, and provided a detailed picture of each of the four study suburbs. However, and as expected, the findings are less definitive about what factors are causing the difference between the suburbs and the people who live there. Our research demonstrates that the rich mixture of complex factors that contribute to the inequalities we have described are not, at this stage of our knowledge, accompanied by definitive and specific recommendations.

Too often, when policies aiming to improve population health are developed, the results are incremental changes in the margin at the expense of larger and more fundamental changes. This observation was supported in both the local and the

state workshops in this study when participants spoke of plans that were not implemented, frustrations with short-term projects and the inability of the “whole-of-government” rhetoric to be implemented on the ground.



Hope for more fundamental change was pinned on the South Australian Strategic Plan. Time after time, in the policy consultations, it was argued that the South Australian Strategic Plan (<http://www.stateplan.sa.gov.au/index.php> accessed 25th January 2007) outlines the broad vision framework for addressing inequity and bringing about a significant change in the types of policies being designed to achieve equity. The plan outlines six interrelated objectives:

1. growing prosperity
2. improving well-being
3. attaining sustainability
4. fostering creativity
5. building communities
6. expanding opportunity

The state workshop argued that the Plan could only be successful if there were whole-of-government solutions, if it was ‘owned’ by the whole community, and if targets were measured not just by individual departments but assessed in terms of their effectiveness in increasing integration. There was a strong feeling that the crucial question is ‘how do we shift priorities towards creating health and well-being’ rather than repeatedly stating the problems. Some felt that the data produced in this study are not new and that we have known for many years that areas like Playford are severely disadvantaged in most respects. The important question is ‘what can we do?’ This feeling has strong resonance at the international level with the work of the Commission on the Social Determinants of Health which has expressed the determination to base its work on evidence but to focus on recommending and encouraging practical action to improve the social determinants of health (CSDH, 2007).

In South Australia the value of an integrated action approach to health has been demonstrated through the Noarlunga Healthy Cities initiative which has been a sustainable project over nearly twenty years. During this time it has led to much effective cross-sector action (for example, on injury prevention and environmental issues) and has been seen as an effective model of health promotion (Baum et al, 2006). But it is also clear that the approach was restricted by the fact that it was one project in isolation that owed much to strong and effective local leadership and community involvement but was not always supported by action and structures from central agencies. The innovative social planning work in Onkaparinga in the 1980s that was credited by many in the policy workshops with accounting for the higher social capital measures in the Onkaparinga postcode area, did receive strong support at the time from a cross-portfolio committee of government, suggesting the power of state level support for local level initiatives.

The policy changes suggested or required by the South Australian Strategic Plan qualify as fundamental because they are very challenging and are designed to be implemented over many years. The Plan has the potential to provide the context in which a succession of policy decisions are made to create more equity in health by encouraging higher levels of social capital, and changing policies, programs and actions that lead to economic and social exclusion. It is well known, however, that the mere existence of a plan does not guarantee implementation. Concerns were expressed in all workshops that any plan can be disconnected from policies and programs on the ground or in particular geographical areas. Even the most heroic, theoretically sound and well implemented local actions cannot in themselves produce those fundamental changes envisaged in a written plan unless there are effective ways to connect the local and the central policy domains. Actions in South Australia are inevitably shaped by Federal Government actions, and health equity, with the important exception of Indigenous health, is not a stated objective of the Federal Government in policy or action plans (Newman, Baum and Harris, 2006). Thus, the South Australian Strategic Plan implementation process may be constrained by lack of action to address the more structural determinants of health inequities that are primarily determined nationally.

It is acknowledged that there are many powerful barriers that stand in the way of fundamental change. As a result, it is important to support those pragmatic, incremental and opportunistic changes that combine to comprise important steps towards the goal of more fundamental change. Incremental changes happen in individual agencies and sectors and by local, area-based agencies such as local government, educational facilities and primary health care services. However, our policy consultation supports what we know from the national and international literature about the ineffectiveness of short-term projects, involving either no collaboration or antagonism between sectors, as means to achieve the fundamental changes required for equity. There will normally be tension between central offices and central agencies and more local or area-based services. The essential links between the fundamental and the incremental lie in the ability of federal and state governments to create a context which promotes, at both state and local levels, collaboration, whole-of-government and long-term policies explicitly focused on the social determinants of health and health equity. Fundamental change is achieved when networks and whole-of-government strategies make effective, durable and well managed connections between the local and the central policy domains. In this way, there are many opportunities for creative and community-led local actions, enhanced by the resources for, and commitment to, change at a level which can only be achieved by the commitment of central agencies.

Many of the concepts associated with social capital are not easily measured and their causal links with health outcomes are indirect and complex. Yet our study has made it evident that social capital components including trust, social and civic participation, and reciprocity are a significant part of the pathway explaining why health outcomes are unequally distributed. This means that while actions to reduce inequities must be firmly based on a re-distribution of material resources (including education and employment opportunities) there also has to be government attention to changing the systemic processes that our research suggests give rise to social exclusion and lower levels of social capital in our resource-poor communities.

We are aware that many of these ideas have been expressed before, and that this perspective on policy is one about which many people agree. The problem is translating these ideas into practice. From this research, it appears that in order to explore further how to operationalise policy for equity, it would be helpful to explore, in more detail than we have been able to here, the reasons why Onkaparinga has performed well on a number of indicators. It would also be useful to explore international examples of well-planned policy to produce whole-of-government strategies explicitly focused on equity.

Our research shows that policy makers, service providers and community representatives alike find that an understanding of the building blocks of social capital, as outlined in this study, provides a common language that makes whole-of-government and intersectoral collaboration easier. This common language will help resolve the creative tension between whole-of-government networks at the higher levels of government and more local networks of community members, agencies and programs.

Chapter 8 Conclusions

We should be doing whatever we can, by old and new means that fit our changing historical conditions, to leave Australia fairer than we found it.....It should be easier for us than it was for our pioneers. They could not yet produce enough goods and services to offer every Australian household a liberating share of them. We can, so we should.

(Hugh Stretton, 2005, *Australia Fair*, p.285)

This report has identified some of the compositional and contextual features that are associated with the health status of the residents in each of four contrasting postcode areas in metropolitan Adelaide. Our research suggests that accounting for health status is not a simple 'either/or' explanation, but that locational differences in health can be more frequently explained by a series of interactions between compositional and contextual factors where direct causal patterns are not always possible to determine.

This chapter first identifies and interprets those compositional and contextual factors (and the relationships between) that can account for the area differences in health described in this report. Then these factors and the responses of policy makers to them are discussed, in order to contribute to our understanding of the production of health equity.

It is important to note at the outset that while we did find distinct differences between our four case study areas in terms of various aspects of place effects on health, these were quite subtle in many cases. This is not surprising, given that the four case study areas are located in a major Australian city without great extremes of wealth and poverty, when compared to other countries in the world. It may be that comparative cross-cultural analysis may be more effective in highlighting the impact of place on health than through comparison of places that differ in fine detail. Nonetheless, the contrasts between our most affluent and our least affluent suburb were striking and indicative of significant inequality.

The distribution of health across the four suburbs reflected the well-established picture that the physical and mental health of the respondents in the better-off suburbs — Burnside and Prospect — was better than that of the two less well-off areas in Onkaparinga and Playford. Playford was the most disadvantaged area and its respondents had the lowest health status and greatest degree of social exclusion. Our research has aimed to explain those social and economic features of lives in the areas that might contribute to differences in health status. The study clearly demonstrated that social capital, like health, was differentially distributed between the suburbs. In general, the residents from the better-off areas experienced higher levels of social capital and there appears to be an association between higher social capital and better self-reported health status.



8.1 Compositional Effects on Health

This research set out to explore the extent to which compositional factors such as socio-economic status, race/ethnicity, age, gender and housing tenure had an impact on people's health.

Most of the patterns in our research were predictable with residents in the most affluent case-study area reporting the highest summary scores for physical and mental health. Burnside and Prospect respondents reported significantly higher levels of physical health status than residents in Onkaparinga and Playford.

This trend was found across all of the demographic factors that we used to analyse the data, supporting a strong conclusion that locational differences still existed after accounting for age and sex within each of the four case study areas.

There were, however, some interesting inconsistencies or trends that ran counter to some of the more intuitive explanations. For example, the physical health status of respondents in Prospect aged 65 or over was no different to those in Onkaparinga, despite the higher socio-economic status of Prospect. Environmental factors may account for this inconsistency. Residents in Prospect rated the conditions of the streets and footpaths as relatively low. Further, some parts of Prospect are quite hilly, making incidental exercise more difficult for older residents. In addition, several of the residents in the in-depth interviews in Prospect also spoke of a lack of parks and open spaces where they could exercise. These results may go some way towards explaining these inconsistencies in the trends in the data.

Patterns of mental health status were again as expected, with residents in the most affluent case study area (Burnside) reporting the highest summary scores for mental health, and those in the least affluent area (Playford) reporting the lowest summary scores for mental health. As with physical health scores, this pattern was consistent across age, sex, education level and household income. There is a considerable body of research that suggests that precarious employment, unstable housing tenure, low levels of educational attainment and lower-than-average levels of household income all contribute to poorer mental health. That these were the compositional characteristics of our Playford case study area is not surprising, given the lower scores for mental (and physical) health in this case study area.

Other aspects of our research looked at social and civic participation. There were similarities across the four case study areas, with many respondents from each area actively participating in social and group activities such as school, recreational or church-based activities. Even so, nearly a quarter of all respondents across the postcode areas had not taken part in any of the activities of a group or organisation, with this rising to nearly a third in Onkaparinga and Playford. As a 'mortgage belt' the case study area in Onkaparinga is home to many young families, and consequently, parents are tied up with childcaring responsibilities, or with being the principal income earner. Here the pressures of full-time work and family commitments were cited as important barriers to involvement in social and civic activities. Equally, the precarious financial status of many residents in Playford, living pension-day to pension-day, or employed in uncertain situations, such as casual truck driving or hospitality work, was not conducive to their involvement in social and civic activities, with the cost of involvement being identified as an important barrier for residents in this area.

Our research also sought to determine the extent to which aspects of individual social capital (such as networks, values, resources) had an effect on health. The clear pattern was that the more that people were connected and involved with others through regular social contact or through involvement in social and civic activities, the better their mental health.

We asked whether residents knew other people from a range of professions who could exercise power or influence of different kinds (e.g. lawyer, police officer, local councillor etc). There were significant differences between the postcodes, with a much higher proportion of residents in Playford not knowing someone from any of these and other professions. Considerable research has documented the advantages of 'bridging' and 'linking' forms of social capital. Bridging social capital is a looser social tie than is the case in bonding social capital. It operates across differences such as in culture or ethnicity but not in terms of institutional power and influence, whereas linking social capital is also a looser tie but in addition, operates across explicit, formal or institutionalised power or authority gradients in society (Baum, 2006). One of the explanations for the way in which social capital may help people is that if people are known through networks then they may be more likely to receive help. The fact that residents of the most affluent suburb were the most likely to know people in positions of influence provides some guide to the ways in which their networks may assist them. By contrast, those in the least well-off suburb do not have these potentially helpful networks. Linking social capital reflects what has been referred to as an "old boys' network".

The levels of perceived reciprocity were high among all respondents, with the majority agreeing with the statements that "By helping others you help yourself in the long run" and "If I have a problem there is always someone to help me". These perceptions of contextual effects were more common in the better-off areas suggesting that they would have more help available to them if needed.

8.2 Contextual Effects on Health

The research also sought to determine the extent to which a number of contextual features were associated with, and could impact upon, the health of residents in our four case study areas.

Through the survey data, qualitative interviews and photo-voice exercise there was a clear picture that Playford residents assessed the physical aspects of their neighbourhood most negatively.

There was a clear relationship between what the physical environment neighbourhood looks and sounds like, and mental health. Respondents who rated their neighbourhood as noisy had lower mental health status than those who did not. Similarly, the mental health status of respondents who perceived their neighbourhood as being polluted was lower than those who did not. The exception here was Burnside, where no differences in mental health status were reported regardless of whether or not residents rated their neighbourhood as being polluted. Mental health scores were also lower for people who perceived their housing to be in poor condition.

The research also sought to determine the availability of various local services and amenities in the case study areas that may directly affect health-related behaviours, such as health and welfare services, availability of healthy/affordable food, and recreational facilities. It was not possible to collect data relating to provision of health and welfare services or recreational facilities at the case study (postcode) level.

The results of the food basket survey contradicted other research which suggests that healthy food is more expensive in lower socio-economic areas. Our research found that the weekly cost of food for a hypothetical five-member family with three adults and two children was most expensive in Burnside and least expensive in Onkaparinga. According to our survey, a family of 5 would need to spend 31 percent of total income from welfare benefits, or 35 percent of a single income (based on average weekly earnings) on a weekly basket of healthy food. About one-third of this would be spent on the daily recommended servings of fruit and vegetables. In the household expenditure survey of 2003–2004, food and non-alcoholic beverages accounted for an average of 17 percent of total household expenditure on goods and services, with those in the highest income quintile spending 16 percent and those in the lowest income quintile spending 20 percent. While household expenditure is a different measure to household income, the high cost to low-income families of a healthy diet (about 30–35% of household income) cannot be overlooked. While our survey demonstrates that healthy food baskets are comparable in cost and availability in low-income and high-income suburbs, left unanswered are the questions of economic realities of low-income families and the preparedness to spend about one-third of household income on food.

There was a reverse trend when it came to the social capital promoting features of areas such as community groups and centres, with Playford having the greatest number of community groups and organisations and Burnside having the least. In fact, Playford had nearly twice as many community groups and organisations as Burnside, with a comparatively high number of sporting clubs and social clubs in the

area. This is noteworthy, given that Playford respondents had the lowest level of participation in groups. It seems that provision of groups and organisations within an area is not sufficient to facilitate participation without consideration of the kinds of individual or compositional reasons for not participating discussed above, such as the cost of involvement or lack of time.

The research also sought to determine the extent to which features of the local socio-cultural environment such as trust, reputation or feelings of safety and belonging may have impacted upon the health of residents in our four case study areas. With the exception of Burnside, there were large differences in the mental health status of residents who reported feeling safe in their neighbourhood and those who did not, suggesting a link between feeling safe and positive mental health. Likewise, mental health status was higher for those residents who felt that they belonged in the neighbourhood than for those who did not. Nonetheless, there were no significant locational differences in mental health among respondents who did not feel they belonged in the neighbourhood.

For respondents who considered their neighbourhood to be close-knit, there were no significant differences in mental health status. However, in Playford, for those who did not consider their neighbourhood to be close-knit, the mental health status of respondents was significantly lower than that of respondents in the other three postcode areas.

There were significant differences in levels of trust, with Burnside and Prospect respondents showing highest trust in government, big business and people in Australia, followed by Onkaparinga, while respondents in Playford demonstrated the lowest levels of trust in these groups.

Respondents in Burnside rated the socio-cultural aspects of their neighbourhoods the highest, Playford respondents the lowest, while there were no significant differences between Prospect and Onkaparinga. Compared with Playford, respondents in the other three postcode areas enjoyed a significantly higher level of neighbourhood cohesion. Playford residents were less likely to consider their neighbours to be trustworthy, willing to help others, sharing the same values and tolerant of others who were not like them.

In general, in each postcode, mental health status was much higher for those who reported that they lived in a favourable neighbourhood environment, than for those who did not. The significant locational differences in mental health status, however, became less important when the analysis accounted for independent social capital and neighbourhood environment measures. This analysis found that these locational differences became smaller or insignificant when compared with those who regarded the social and physical environment of their neighbourhood more highly.

It appears that being satisfied with one's social life and having a number of people available for assistance are helpful to mental health. With respect to the neighbourhood environment, feeling safe in one's neighbourhood, perceiving that the neighbours are willing to help each other and are trustworthy are beneficial to one's mental health. All these suggest that social capital and neighbourhood environment play a mediating role in affecting one's mental health. We cannot be certain about the direction of the relationship however; it could be that having

problems with mental health means that people are less likely to report on their neighbourhood favourably and are less able to establish positive social capital because of their less favourable mental health status.

It is noteworthy that although Onkaparinga has a lower socio-economic profile than Prospect, on a number of measures there were either no significant differences between Onkaparinga and Prospect or Onkaparinga rated a higher and statistically significant score. This was the case for most of the social and physical ratings of the environment, for a number of the mental health scores by social capital and for some of the civic activities. This suggestion that the postcode area in Onkaparinga may be seen as a relatively successful lower socio-economic environment has been followed up in the policy consultations and analyses discussed in Chapter 7 and later in this chapter.

8.3 Setting Our Findings in a Broader Context

This research contributes to a broader literature on health inequities and what can be done through policy change to reduce them. While most of the research and policy attention to this issue has been evident in European countries, Australia has been a contributor even though its current policy attention to health inequities is patchy and mainly happening through the actions of state governments, rather than the Federal Government (Newman, Baum and Harris, 2006). More specifically, this research is concerned with the social determinants of health, which evidence suggests are of great importance. Most significantly in 2005 the World Health Organization (WHO) established the Commission on the Social Determinants of Health to consolidate evidence on and make recommendations about the best actions on the social factors determining health and health inequities. This move by the WHO built on at least three decades of work on the social factors affecting health represented in key documents such as the 1978 Alma-Ata Declaration on Primary Health Care (WHO, 1978) and the Ottawa Charter on Health Promotion (WHO, 1986).

In Australia, the importance of social factors affecting health has long been acknowledged (Baum, 2002 documents the history of this concern). Nationally, these social factors are evident through such issues as the potential health impact of legislation changing employment conditions, the changing nature of community life, the importance of social factors to Indigenous health status and the rising rate of mental illnesses with social causes. In South Australia, government policy responses to a range of economic and social issues are framed by the South Australian Strategic Plan which, in many ways, can be viewed as a strategic framework with the capacity to tackle the social and economic determinants of health, because it is a whole-of-government plan attempting to balance economic, social and environmental goals.

The five key policy areas that arose as a result of our engagement with policy makers reflect key goals of the South Australian Strategic Plan, as well as theoretical and empirical work from Europe that is discussed in this section below. These policy areas were:

- Education and employment opportunities
- Accessible and affordable transport
- Physical design of neighbourhoods and suburbs in view of (changing) demography of area
- Role of community development and social capital building activity at a local level
- A mix of local services and facilities and methods of integrated planning for these

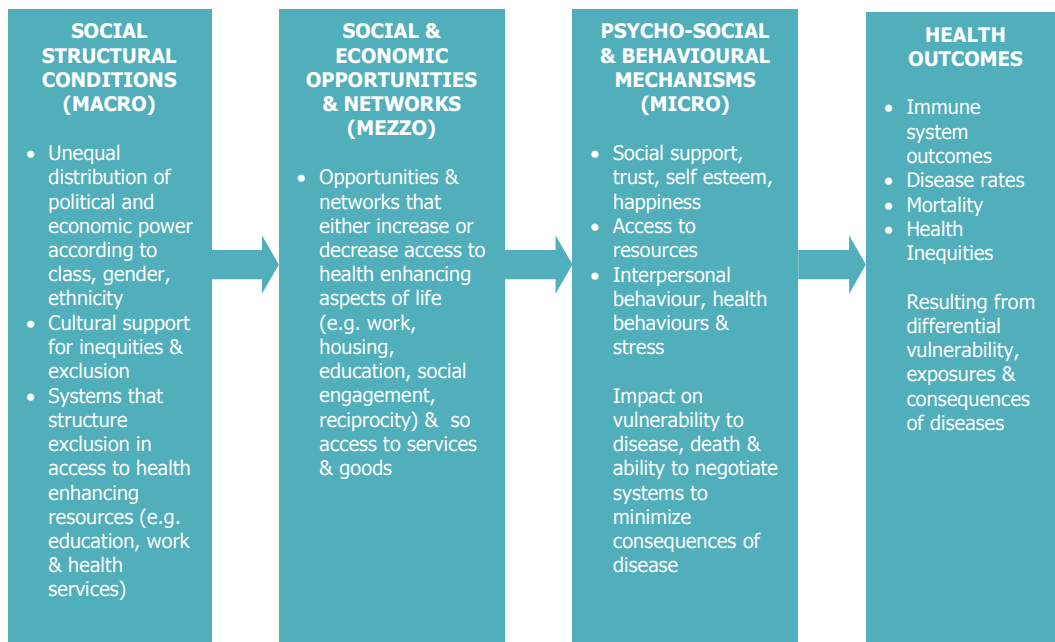
Figure 8.1, based on European work on understanding of inequities and policies designed to reduce inequities, demonstrates three main influences in the pathways that create health inequities that resonate with the five policy areas summarised above:

1. Social structural factors that determine the unequal power relations (structured according to class, gender and ethnicity) that shape social systems which structure the ways in which people are excluded or included in economic benefits and the pathways to them
2. Social and economic opportunities and networks that provide people with access to health-enhancing goods and services (including housing, jobs and education)
3. Psycho-social and behavioural factors that play a mediating role in determining individuals' ability to negotiate social and economic systems

While one reading of Figure 8.1 could suggest a linear relationship between these three areas and health outcomes, we prefer to conceptualise a relationship that is more circular and complex. This research project focused on the second and third category of factors in Figure 8.1. However, the research is mindful of the theoretical and empirical understandings represented in the left-hand box, which demonstrate how individuals' social and economic opportunities and psycho-social and behavioural responses are strongly influenced by the social and economic structural factors. In terms of policy responses this report is directed primarily to the South Australian Government. Further reporting of the results has, and will, involve articles in academic journals that will place more emphasis on the implications of the findings for national governments and international understandings of the role of social determinants in creating health inequities¹.

¹ See website for details of other publications from this study: <http://som.flinders.edu.au/FUSA/PublicHealth/locationhealth.htm>

Figure 8.1 Explanations of inequitable health outcomes



Source: From Baum (2007) based on Diderichsen & Hallquist (1997) & adapted from Berkman & Glass (2000)

8.4. Final Comments

Overall, our study adds to a very large body of Australian and international literature that has pointed to the impact of socio-economic factors on health. This study is important because it provides some clues to ways in which local neighbourhood environments may work to reinforce broader social and economic factors. Our most affluent postcode area, Burnside, provides its residents with an environment that is perceived as being a better place to live in a considerable number of ways including safety, cohesion, levels of reciprocity and the quality of neighbourhood environment. The residents of this area, as well as reporting better health, also report that they have much higher levels of material resources (educational level, housing tenure and income) and of the factors in life that add up to better social capital. By contrast, the residents of the least affluent area, Playford, experience not only more problems in their personal life in terms of worse health, less material resources and less social support, but also live in an environment that compounds their disadvantage and social exclusion.

Our policy consultations confirmed that there is wide-spread agreement that reducing health inequities will rest on more effective co-ordination of action between government sectors. This approach receives strong endorsement from current international policies through the Commission on the Social Determinants of Health (which will report in 2008) and the European Union initiative of "Health in All Policies". Both of these initiatives stress that equitable health improvement will result from more effective co-ordination of the work of all sectors for health (CSDH, 2007; Stahl et al, 2006). The focus of this research has been on the processes within local communities that reinforce and create health inequities, with a strong emphasis on social processes. As such, it is just part of the understanding required to underpin more effective action to reduce health inequities. Effective action will require an on-going process of reflection on progress and refinement of approaches at state and local level.

The South Australian Thinker-in Residence program (<http://www.thinkers.sa.gov.au/home.html> accessed 25th January 2007) will provide an ideal focus for this on-going reflection and discussion with the appointment of Professor Ilona Kickbusch, a leading global expert on the social basis of health, as one of the 2007 Thinkers. She has been a long-term advocate for action across sectors to reduce health inequities and to promote population health, as well as being one of the drafters of the WHO Ottawa Charter for Health Promotion and initiator of the WHO European Healthy Cities program. Her residency will focus decision-makers' minds on the question of how achieving better health and well-being can inform the development of policies in all sectors. Thus, the stage is set for development of a more sophisticated understanding of the government processes required at state and local level to implement policies and actions to reduce health inequities through action on the social determinants of health. This report will make a valuable contribution to these on-going discussions within the state while also adding to international evidence on health inequities and their social determinants.



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Appendix 1 Members of the Project Team

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Dr Christine Putland	Chief Investigator C
Dr Anna Ziersch	Chief Investigator D
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SA Council of Social Service Inc	Pam Simmons, CEO, (until 2003) Karen Grogan, Executive Director, (from 2004)
Southern Adelaide Health Service	Richard Hicks, Director, Community Health Services, Population & Primary Health Care Directorate, (previously Community & Allied Health Services, Noarlunga Health Services)

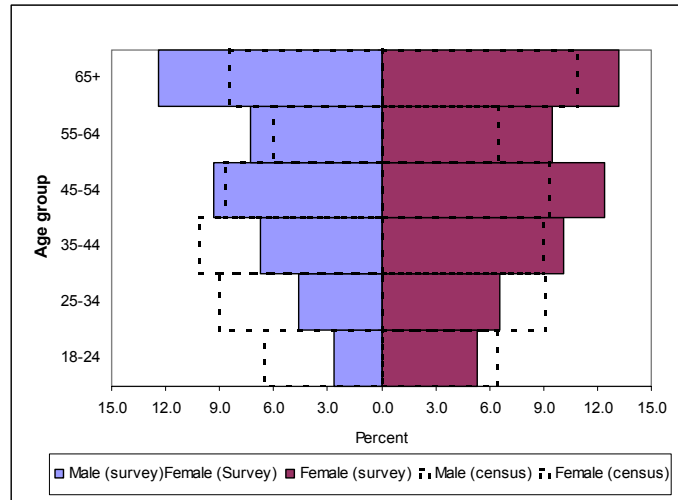
Appendix 3 Summary of Respondents of the Postal Survey

The self-completion postal survey in the four case study postcodes constitutes one of the major data sources for the analysis of the case study areas. There were 3,453 respondents who returned the questionnaires. Of these, postcode of residence could be identified for 3,377 questionnaires of which 901 were from Burnside, 748 from Prospect, 812 from Playford, and 916 from Onkaparinga. The following sections provide a summary of the socio-demographic characteristics of these survey respondents.

A3.1 Age-Sex Structure

Figure A3.1 presents the age-sex pyramid of survey respondents across the four postcodes, in comparison with the age-sex structure of residents from the census in the same areas. Females aged between 45 and 54 and over 65 and males aged over 65 made up the largest proportion of the sample. Compared to the 2001 census data, females in the age groups of 35–44, 45–54 and over 65 were over-represented, but males in the age groups of 25–34 and 35–44 were under-represented. In addition, females aged below 35 were slightly under-represented. For the analysis, the survey data was weighted by age and gender to account for the differences.

Figure A3.1 Age-sex pyramid of survey participants in comparison with census-enumerated residents



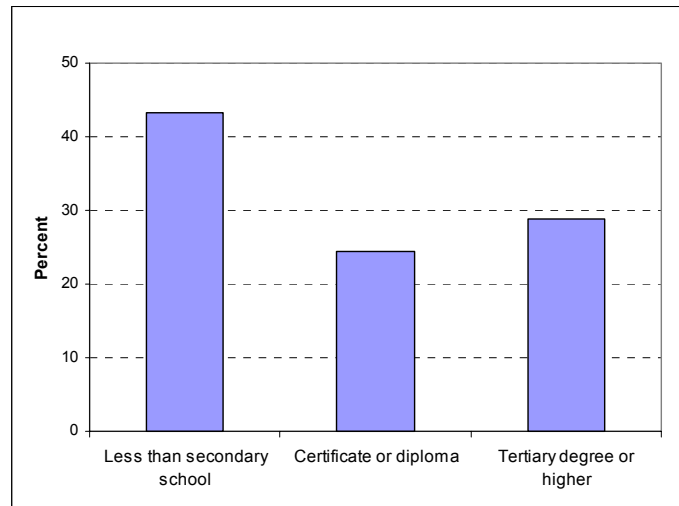
A3.2 Language Spoken at Home

About 91 percent of the survey respondents spoke English at home. Of the 9 percent with non-English speaking background, 21 percent spoke Italian at home, and 19 percent Greek.

A3.3 Education Level

Figure A3.2 shows the percentage distribution of education level of survey respondents. 43 percent of respondents had secondary school education or less. Nearly one-quarter of them had certificate or diploma qualifications and another nearly 30 percent had tertiary degree or higher qualifications.

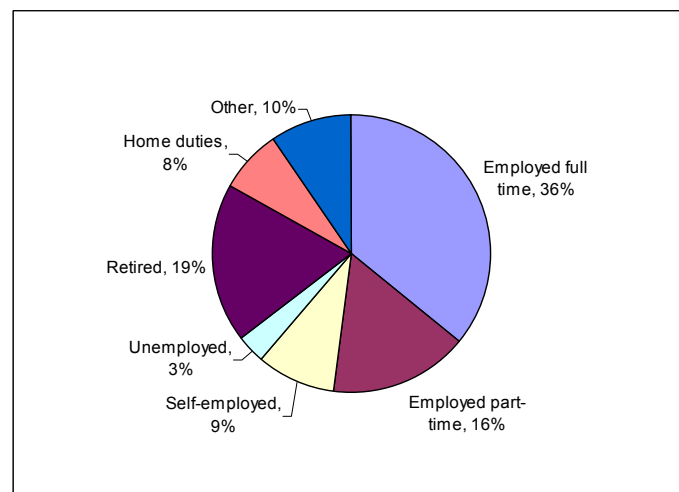
Figure A3.2 Percentage distribution of education level of survey respondents



A3.4 Employment Status

A total of 61 percent of respondents were employed at the time of the survey, including full-time employed (36%), part-time employed (16%) and self-employed (9%), in contrast to 3 percent unemployed (Figure A3.3). A little more than one third of respondents were not in the labour force, including retired (19%), home duties (8%) and other, such as full-time study.

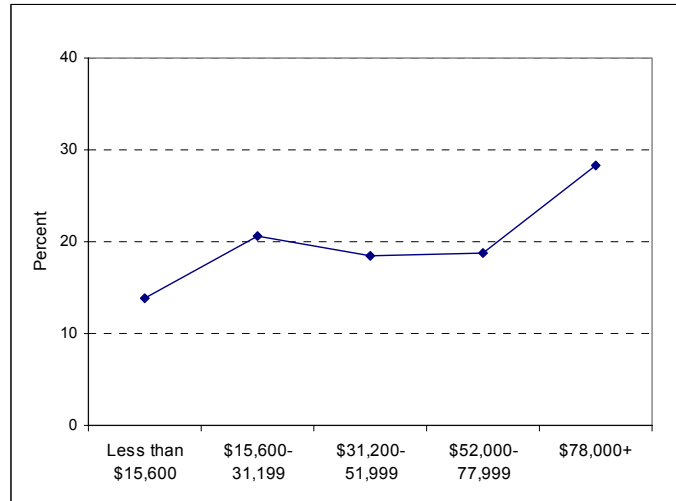
Figure A3.3 Percentage distribution of employment status of survey respondents



A3.5 Household Income

One-third of respondents had household income less than \$32,000 and another little more than one-third of respondents between \$31,200 and \$78,000. A total of 28 percent of respondents had household income more than \$78,000 (Figure A3.4).

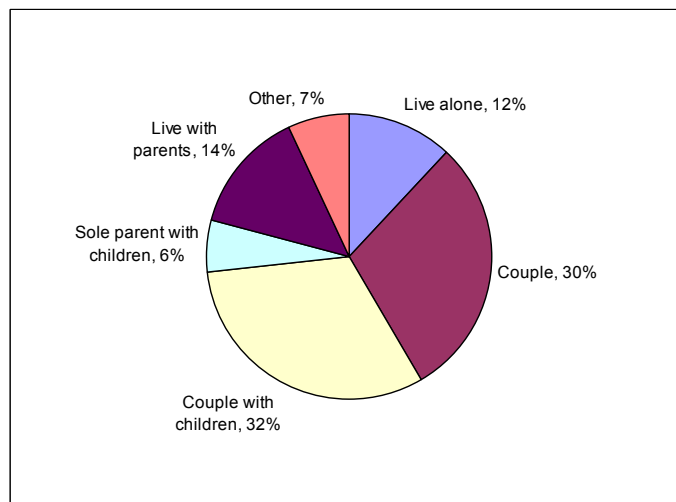
Figure A3.4 Percentage distribution of household income of survey respondents



A3.6 Living Arrangement

The two largest proportions of living arrangement types were couples and couples with children, making up nearly 62 percent as a total (see Figure A3.5). By contrast, sole parent with children were only 6 percent. 12 percent of respondents were living alone and another 14 percent living with their parents.

Figure A3.5 Living arrangements of survey respondents in four postcodes



A3.7 Housing Tenure by Postcode

Nearly 70 percent of respondents owned or purchased the houses in which they were living. About 6 percent rented houses from the SA Housing Trust and another 14 percent rented privately. Nonetheless, this distribution varied considerably by postcode (Table A3.1). For example, up to 79 percent of Burnside respondents owned or purchased their houses, while notably more than one-fifth of Playford respondents rented houses from the SA Housing Trust. It is also noticeably higher for Prospect respondents, more than 30 percent, to rent houses either privately or from other sources.

Table A3.1 Percentage distribution of housing tenure of respondents

HOUSING TENURE /LOCATION	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Owned/purchased	79	67	54	75
Renting from SA Housing Trust	<1	2	21	3
Renting privately	10	18	17	11
Renting others	12	138	10	11

Appendix 4 Summary of Respondents in In-depth Interviews

Table A4.1 presents the characteristics of 60 respondents in in-depth interviews in each postcode area. Caution is required to read this figure because these respondents were chosen from those who agreed to be further interviewed. Despite every effort being taken to ensure the representativeness, biases in some aspects were unavoidable, in particular in age, because old people were more willing and more likely to be interviewed. For example, compared to respondents in the postal survey, interviewees in in-depth interviews were much older, especially in Playford (5113) and Onkaparinga (5169). Nonetheless, other socio-economic indicators of interview samples were generally consistent with those of the whole sample.

Table A4.1 Characteristics of respondents in in-depth interviews by postcode

INDICATORS/LOCATION	BURNSIDE (5066)	PROSPECT (5082)	PLAYFORD (5113)	ONKAPARINGA (5169)
Median age (in years)*	61 (50)	54 (41)	67 (44)	62 (43)
Percent of female	53	50	53	44
Percent of living with spouse/children	67	86	60	75
Percent with degrees	60	43	7	19
Percent of household income less than \$31,200	20	28	80	50
Number of cases	15	14	15	16

Note: Median ages in brackets are those of respondents in each postcode area.

Appendix 5 List of Independent Measures

Independent measures collected for this project include the following:

- Property rates: the average/median residential property rates for each metropolitan LGA, which was calculated by dividing the total residential rates revenue by the number of residential rateable assessments.
- Income support: the percentage of working age population in receipt of income support.
- Housing stress rate: is the number of households per 100 households paying more than 25 percent of weekly household income on rent or more than 30 percent on mortgage and where weekly household income is in the bottom 40 percent of the Adelaide income range.
- Public housing: the percentage of occupied private dwellings that are public housing households.
- Housing Trust: the percentage of occupied private dwellings that are Housing Trust households.
- Private health insurance: measured by the percentage of residents covered by private health insurance on 30 June 2001.
- Crime rate: the offences recorded per 1,000 population in each LGA.
- Average public transport index: representing average distance access to public transport derived from the component index values above. Value range 0–2.
- Library: the distribution in each LGA measured by the rate of branch libraries per 10,000 population.
- Sport/social club facilities: measured by the rate of recreational facilities per 10,000 population.
- Playgrounds: measured by the rate of playgrounds per 1,000 population of children under 12.
- Car ownership: measured by the percentage of total occupied private dwellings that are dwellings with no car in each LGA.
- Places of worship: measured as the rate of places of worship per 10,000 population.