

Contents

Foreword	3
Introduction	4
> Community strength in Victoria	4
> What is a strong community?	4
> Department for Victorian Communities	4
> Outline of this report	5
1. Background	7
> The importance of indicators of community strength	7
> The development of the community strength indicators	8
> The Victorian Population Health Survey methods	9
> The pilot of the Indicators in Local Government Areas	9
2. Time trends in key indicators of community strength	10
> Attitudes to the communities in which Victorians live	11
> Participation	13
> Getting help when it is needed	14
3. A closer look: people	16
> Who participates	16
> Demographic characteristics	16
> Social attitudes	17
> Who can't get help when needed?	17
> Demographic characteristics	17
> Social attitudes	18
4. A closer look: place	19
> Community strength indicators at the local area level	19
Conclusion and future work	22
References	23
Appendix A Questions in the Victorian Population Health Survey 2003	24
Appendix B Tables for People: A closer look	25
Acknowledgments	32

Foreword

Strong communities are communities that are active, confident and resilient.

They're also the types of communities Victorians say they want to live in.

That's reason enough for a Government to be interested in building stronger communities.

But strong communities also produce benefits in some of the most important areas that governments should be interested in: health, education, employment and community safety.

Measuring community strength is therefore a vital part of what the Department for Victorian Communities and the Department of Human Services does.

In areas like 'feeling safe on the streets after dark' and 'being able to get help when you need it', the measurements brought together in Indicators of Community Strength in Victoria are at the heart of community building.

It is particularly pleasing that so many of the indicators show that Victorian communities are growing stronger.

But the indicators also show that there are some parts of the State doing better than others.

The fact that these differences transcend usual city-regional-rural divisions gives us an opportunity to learn from the areas that are doing well and look at how we can better target assistance to areas that need help.

These results are a practical demonstration of what it means to focus on 'People and Place', not just the traditional bureaucratic measures of outputs and programs.

Victorians don't live in separated and segregated lives. We live in communities. Indicators of Community Strength in Victoria is one picture of what these communities are like.



John Thwaites MP
Minister for Victorian Communities



Bronwyn Pike MP
Minister for Health

Community strength in Victoria

This report describes time trend and small area information about community strength in Victoria. The time trend information shows that many indicators of community strength have increased over the last three years. More Victorians now feel:

- > safe on the streets after dark;
- > that diversity makes the areas in which they live better;
- > that there are opportunities to have a real say on issues that are important; and
- > that they are valued by society.

More Victorians are also volunteering and could raise \$2000 in two days in an emergency.

The report also examines the types of people who are faring best in terms of two of the key indicators of community strength. It shows that people who participate in community activities and those that can get help when needed are healthier and feel more positive about the communities in which they live. It also shows, however, that while progress is being made over time, some population groups remain excluded in these key areas of community strength.

The final section of this report examines, for the first time in Victoria, the beginnings of an analysis of community strength data at the local government area level. Results of a pilot study show that there is considerable difference between areas. It appears that this data will be a useful tool for selecting community strengthening initiatives that can have the highest impact by taking into account the different character of areas.

What is a strong community?

A strong community is one constituted by people that understand its social, economic and environmental assets and are working towards sustainability. Strong communities also understand and work with their most disadvantaged populations to ensure minimum standards for all. To do these things, members of a strong community need to be engaged, involved, feel capable of working through issues and be supported through external partnerships.

This document presents a set of indicators that can be used to monitor the latter of these key aspects of community strength – those related to the capacities of community members to be active, confident and resilient.

The indicators reported here could ultimately form part of the broader indicator sets that are being created to monitor all aspects of community strength in local areas. For example, they have been included in a broader set being created at the local government area level by a joint initiative between Swinburne University of Technology and the Councils of Knox, Maroondah and Yarra Ranges. The combined set describes “communities that are active and healthy, accessible, prosperous, protective of the environment, well designed, well built, culturally rich and encouraging of learning” (Langworthy 2004).

Department for Victorian Communities

The goal of the Department for Victorian Communities (DVC) is that all Victorian communities be active, confident and resilient. DVC’s objectives are to assist communities to shape their own future, encourage participation

and embrace diversity. DVC pursues these objectives by strengthening communities through a more linked-up, integrated approach to planning, funding and delivering services at the local level. The focus of DVC’s effort is on people and place.

Fundamental to DVC’s community strengthening actions is a planning and policy orientation around measuring the outcomes of our work for Victorian communities. This reflects a shift from the traditional focus on outputs, programs and government functions to an interest in the results our investments provide for people and places.

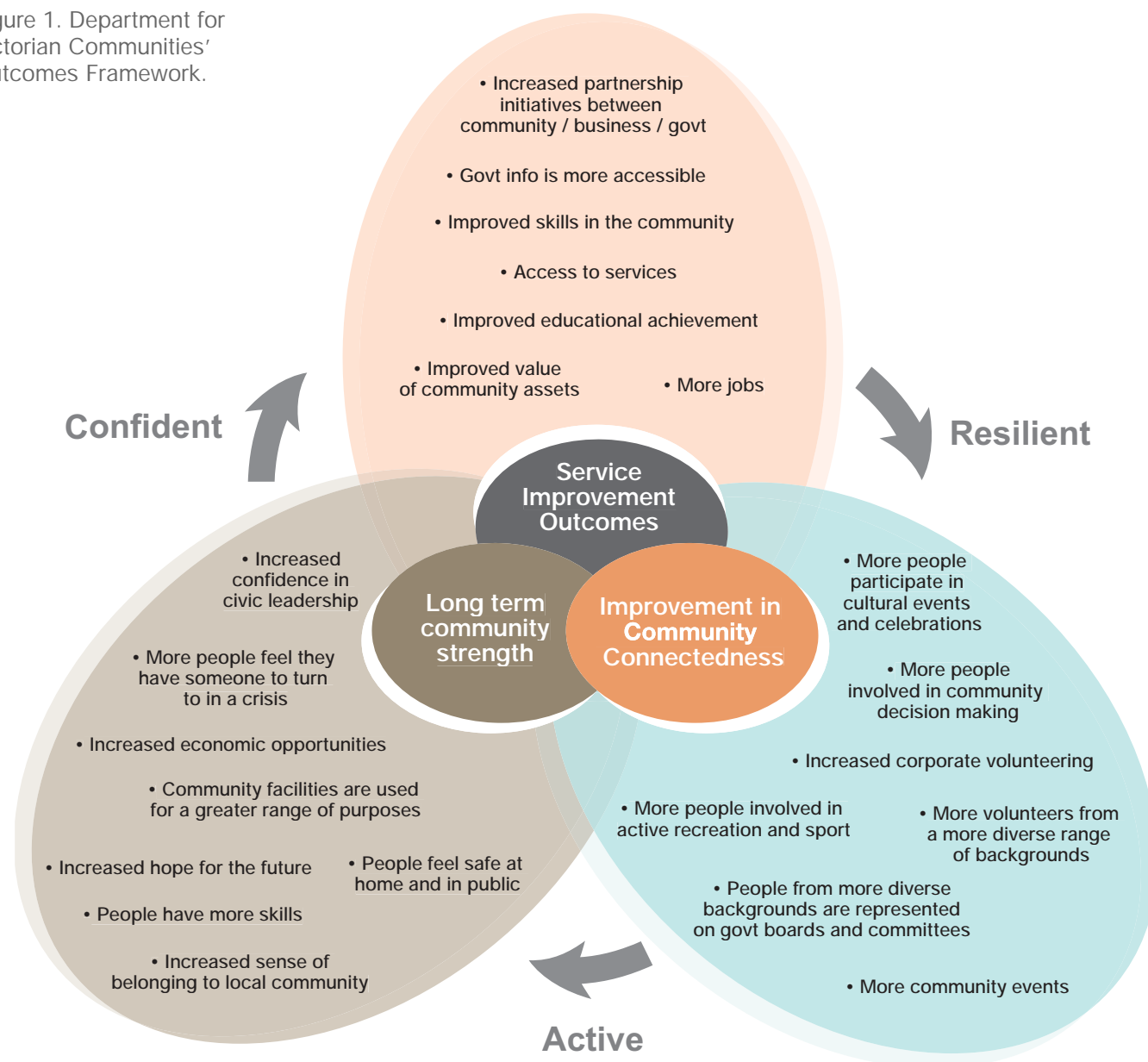
An Outcomes Framework has been developed that explains DVC’s priority outcomes and their connection with its strategic objectives (Figure 1). The Framework is based on research that has shown that successful community strengthening strategies deliver benefits to communities in three ways: *improved services*, *improved community connectedness* and *improved community strength*. In the Framework each of these areas has a range of outcome measures grouped underneath it (Figure 1). Indicators, such as the ones featured in this report, are being created to report on each measure.

The Framework, and the indicators created to report on it, provide the basis for monitoring changes in key aspects of community strength across Victoria. It is expected that the cumulative effect of all DVC and whole-of-government investments will impact on these measures over time.

Outline of this report

This report is in four sections. The first provides some background about the development and importance of the community strength indicators in Victoria. The second, *Time trends in key indicators of community strength*, examines time trends in eleven indicators taken from the Victorian Population Health Survey (VPHS). The third, *A closer look: people*, describes the types of population groups faring best and worst in terms of community strength, and the final section, *A closer look: place*, examines a case study of the indicators collected in four local government areas.

Figure 1. Department for Victorian Communities' Outcomes Framework.



The importance of indicators of community strength

Since the 1980s, there has been considerable interest in the measurement of social capital and related concepts like community strength, community building and neighbourhood renewal. A plethora of useful frameworks and tools for measuring these concepts have been developed, but few indicators have been institutionalised. An institutionalised indicator is one embedded in a government department and which produces consistent and trusted information on an issue over time for policy making and public scrutiny (Innes 1994).

Indicators are proxy measures of complex social and economic phenomena which allow chosen issues to be monitored, discussed and acted on. In an increasingly complex world, it is indicators that allow us to understand phenomena that are distant from our daily lives. For example, the percentage fill of water reservoirs is a simple indicator that has been used recently to highlight the complex issue of sustainability and to foster public and policy debate.

The absence of indicators can mean that important issues drop off the radar. In the case of community strengthening, the lack of indicators has meant that opportunities have been lost to focus policy debates on community strengthening issues and to open debates to the public. The result of this absence of attention can be immediate and devastating. For example, the loss of community infrastructure and identity that has been linked to significant health and other social problems (Berkman & Kawachi 2000).

Community strength is the generation, sustenance and reproduction of the important human relations that people can draw upon for identity, interaction and support. It has recently been acknowledged that community strength can be generated in local precincts through the relatively simple actions of communities, governments and business (Lin 2001). For example, actions can include:

- > using integrated land use planning as a basic building block for supportive community infrastructure (such as schools as a site for multi-use community facilities);
- > encouraging participation in sporting, recreational, cultural and civic life;
- > looking at life from the perspective of people and places, rather than simply the programs delivered for them;
- > ensuring there is an economic side to community strengthening strategies (for example, skills and jobs); and
- > promoting local leadership and the participation of local institutions (such as schools, local councils and universities) (Adams 2004).

Planning these types of activities requires an evidence base, of which indicators form an important part.

The indicators in this report have already been used in a research project that has demonstrated that community strength has a protective effect for communities. The *Community Adversity and Resilience* report used *volunteering*, *ability to get help from friends and family* and *participation in recreational groups* alongside other socio-economic indicators to examine the geographic distribution of disadvantage across Victoria (Vinson 2004). The report showed that

disadvantage is unevenly distributed. The local government areas of Maribyrnong, Greater Dandenong, East Gippsland, Greater Bendigo, Loddon and Swan Hill contain the postcode areas with the greatest levels of disadvantage in Victoria.

Importantly, the report found that “socially cohesive” disadvantaged areas, as defined by the three indicators above, were more resilient than disadvantaged areas where there was less social cohesion. These factors appear to protect areas from further disadvantage, such as increased rates of early school leaving or imprisonment.

The development of the community strength indicators

A joint effort by the Department for Victorian Communities (DVC) and the Department of Human Services (DHS) has resulted in a key set of indicators of community strength collected in the Victorian Population Health Survey (VPHS). The full set of indicators is reported annually in the Department of Human Services’ Reports *Victorian Population Health Survey: selected findings* (DHS 2002; DHS 2003; DHS 2004).

The community strength questions in the VPHS were originally adapted from a set of social capital questions devised by Bullen and Onyx in a study of five communities in New South Wales (Bullen & Onyx 1998). These questions focused on the size of a person’s social networks and their amount of social contact. At the time it was thought that the size and strength of a person’s networks could be used as a proxy measure of their social capital. However, some people can have strong networks that do not provide them with

significant resources or opportunities (Portes 1998). Changes were therefore made to the survey to differentiate between the benefits accrued through bonding, bridging and linking networks (Pope et al. 2002).

Bonding networks are the close networks involving families, friends and religious groups (Woolcock 1998). Bridging and linking networks are those that create associational bonds across diverse networks (Woolcock 1998). In the case of bridging networks, the ties are with other networks of different types of people (for example, other clubs or religious groups), and for linking networks they are with social institutions (Woolcock 1998). DVC’s objectives and strategies are largely related to building bridging and linking forms of social capital through mentoring, volunteering and partnerships between governments, businesses and communities. The VPHS survey was subsequently adapted to focus more on bridging and linking bonds through questions such as those about membership of organised groups.

The VPHS survey asks individuals questions about social capital and DVC is using the aggregated answers as indicators of community strength. The current set of questions in the VPHS can be seen in Appendix A.

A smaller set of key community strength indicators has been selected because they match DVC’s key objectives (Table 1).

Table 1. Key questions related to community strength in the VPHS

- 1 Can you get help from friends, family or neighbours when you need it?
- 2 Do you feel safe walking alone down your street after dark?
- 3 Do you feel valued by society?
- 4 Do you feel there are opportunities to have a real say on issues that are important to you?
- 5 Do you help out as a volunteer?
- 6 Are you a member of an organised group, such as a sports or church group or another community organisation or professional organisation?
- 7 Have any of these groups you are involved with taken any local action on behalf of your community in the last two years?
- 8 Have you attended a local community event in the past six months, such as a fete, festival or school concert?
- 9 Do you think that multiculturalism makes life in your area better?
- 10 Do you enjoy living amongst people of different lifestyles?
- 11 Could you raise \$2000 within two days in an emergency?

The Victorian Population Health Survey methods

The VPHS is an annual and ongoing computer-assisted telephone interviewing (CATI) survey of a representative sample of persons over 18 years who reside in Victorian dwellings. Approximately 7 500 persons are surveyed each year and the survey can be undertaken in seven languages: English, Mandarin, Cantonese, Vietnamese, Italian, Greek and Macedonian.

The sample is obtained through random digit dialling and the person with the most recent birthday in the house is selected for interview. Once contact is made, approximately 65-70% of households participate. It is impossible in this type of survey to ensure that the right proportions of men/women and different age groups are surveyed and the data are therefore weighted after collection by age and sex.

It should be noted that the CATI mode of survey is known to exclude various population groups including the homeless, those in institutional care and some people with disabilities. The sample is stratified by the nine DHS health regions and can therefore currently only give whole of State or DHS region estimates.

Further detail on survey methodology can be found in the *Victorian Population Health Survey: selected findings* reports (DHS 2002; DHS 2003; DHS 2004).

In the following analyses, data from 2001 to 2003 is used for the time trends and data from 2003 for the description of population groups (DHS 2002; DHS 2003; DHS 2004).

The pilot of the indicators in Local Government Areas

The pilot of the indicators in Local Government Areas (LGAs) involved a survey of 19 questions from the VPHS, administered through a Computer Assisted Telephone Interview (CATI) survey of 300 residents over the age of 18 in individual LGAs. Telephone numbers were randomly selected from the White Pages – a different technique from the VPHS – because of the need to sample in local areas.

02 Time trends in key indicators of community strength

This section examines time trends in key indicators of community strength from the VPHS from 2001 or 2003 (see Table 2 for a summary). The indicators are reported under the following headings: *attitudes to the communities in which Victorians live* (4 indicators); *participation* (3 indicators); and *getting help when it is needed* (2 indicators).

Table 2. Summary of trends in key community strength indicators 2001-2003

Indicator	Percent 2001 → 2003	Change
Feeling safe walking alone down the street after dark	55 → 59%	↑
Enjoying diversity, including multiculturalism, in the local area	69 → 73%	↑
Feeling there are opportunities to have a real say on issues that are important	36 → 42%	↑
Feeling valued by society	42 → 55%	↑
Volunteering	32 → 35%	↑
Members of organised groups – all groups	68 → 63%	↓
Members of organised groups – sports groups	29 → 28%	→
Members of organised groups – school groups	15 → 15%	→
Attendance at local community events		n/a*
Ability to get help from friends, family or neighbours	92 → 92%	→
Ability to raise \$2000 within two days in an emergency	79 → 80%**	↑

* time series not yet available

** 2002 – 2003 only

Attitudes to the communities in which Victorians live

Over the years 2001-2003, an increasing number of Victorians reported feeling positive about the communities in which they live. More Victorians feel:

- > safe walking down their street at night (Figure 2);
- > that diversity, including multiculturalism, makes life in their areas better (Figure 3);
- > that there are opportunities to have a real say on the issues that are important to them (Figure 4); and
- > that they are valued by society (Figure 5).

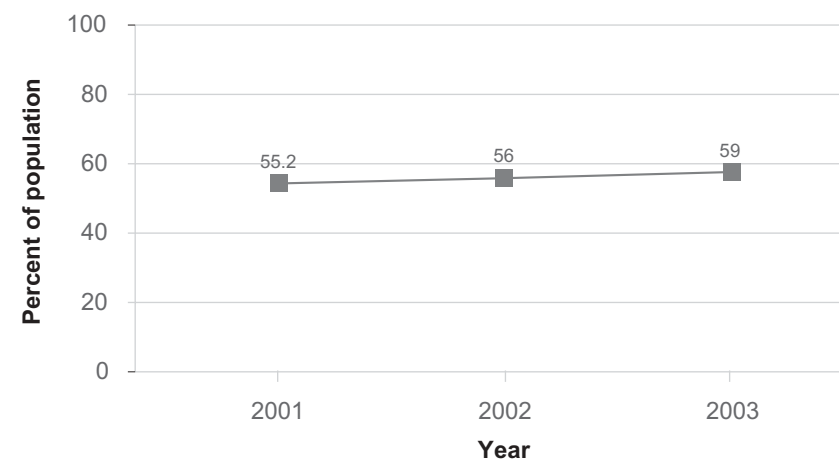


Figure 2. The percentage of Victorians that feel safe walking down their streets at night, 2001-2003.

Source: DHS 2004

02 Time trends in key indicators of community strength

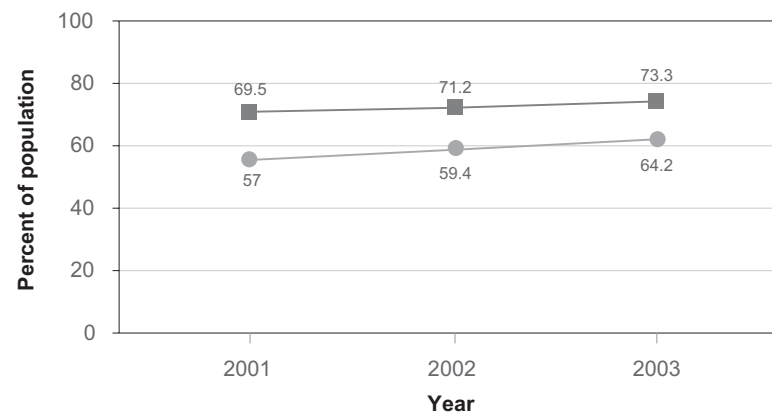


Figure 3. The percentage of Victorians that enjoy diversity in their local area, 2001-2003.

Source: DHS 2004

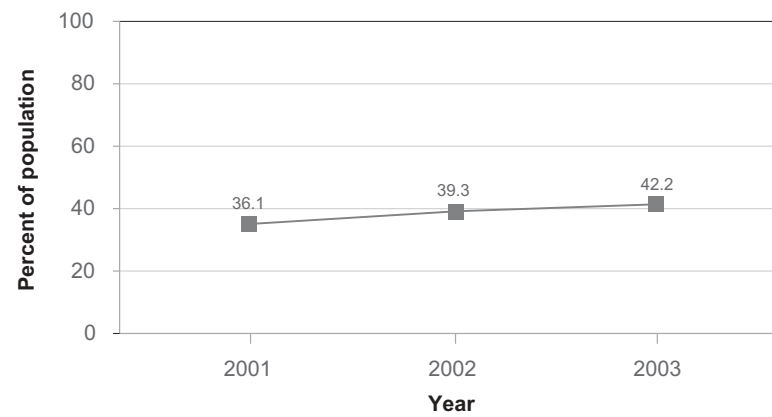


Figure 4. The percentage of Victorians that feel there are opportunities to have a real say on issues that are important to them, 2001-2003.

Source: DHS 2004

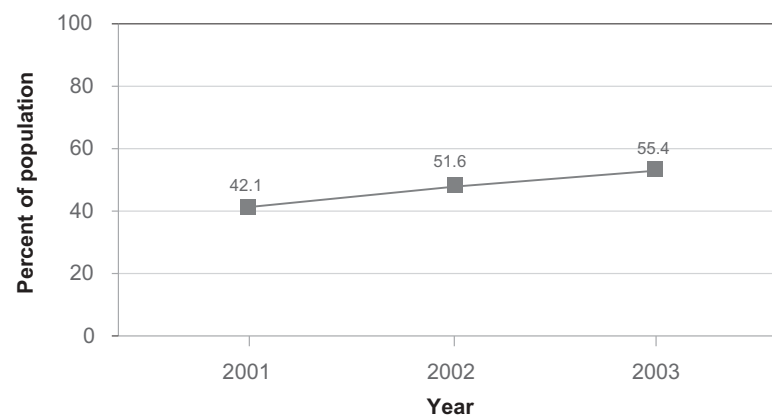


Figure 5. The percentage of Victorians that feel valued by society, 2001-2003.

Source: DHS 2004

Participation

Three types of participation are monitored by the VPHS: volunteering; attending local community events; and membership of organised groups (such as sports, church, community or professional groups).

Over the period 2001-2003 an increasing number of Victorians have been participating in volunteering (Figure 6).

Membership of all groups declined from 2002-2003 (the question was only introduced in 2002), while membership of sports and school groups has remained stable (Figure 7).

Time trends in attendance at local community events are difficult to interpret as the attendance question was changed in 2003 (making the time points from 2002 to 2003 not strictly comparable) (Figure 8).

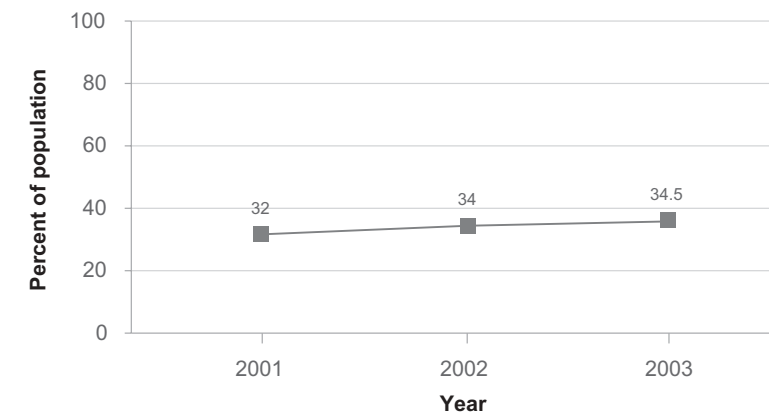


Figure 6. The percentage of Victorians that volunteer, 2001-2003.

Source: DHS 2004

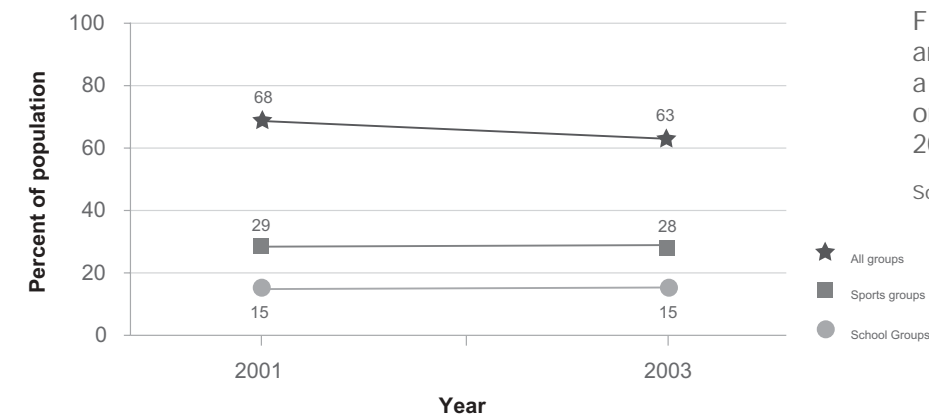


Figure 7. The percentage of Victorians that are members of an organised group, such as a sports, school, church, community, action or professional group or academic society, 2002-2003.

Source: VPHS data, Department of Human Services Victoria

02 Time trends in key indicators of community strength

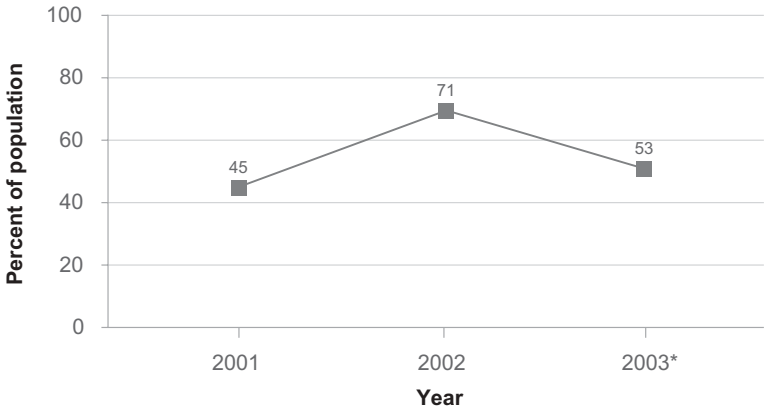


Figure 8. The percentage of Victorians that attended a local community event in the last 6 months, 2001-2003.

* A change was made to the question in 2003 from only 'yes' or 'no' responses to 'yes', 'sometimes', 'not often' and 'no'.

Source: DHS 2004

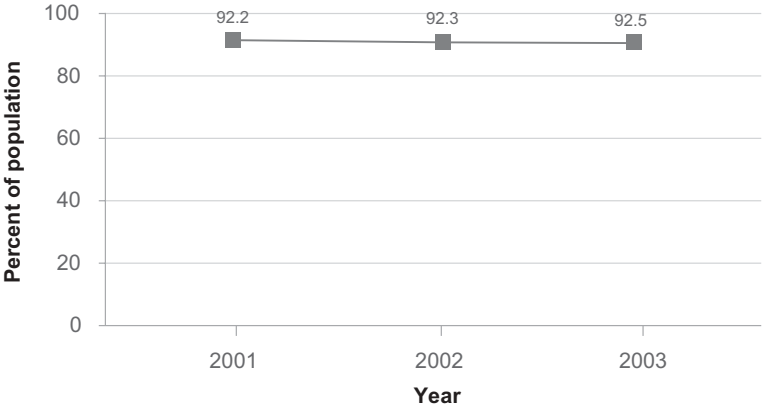


Figure 9. The percentage of Victorians that can get help from friends, family or neighbours when they need it, 2001-2003.

Source: VPHS data, Department of Human Services Victoria

Getting help when it is needed

The majority of Victorians can get help from friends, family or neighbours when they need it, and this proportion has remained stable over time (Figure 9). The majority could also raise \$2000 in an emergency and this figure increased from 2002 to 2003 (the question was only introduced in 2002) (Figure 10).

There is however, a significant proportion of Victorians (20%) who could not access \$2000 in two days in an emergency (Figure 10). This is an indicator of economic capacity designed to determine those in significant disadvantage. The question overcomes some of the problems of trying to determine disadvantage by level of reported income because low income is confounded by low income and asset rich people, such as retirees.

People who cannot access \$2000 in two days in an emergency are at risk of more serious negative impacts from life events, such as losing a job after the break down of a car or losing teeth due to the inability to afford dental work after an accident.

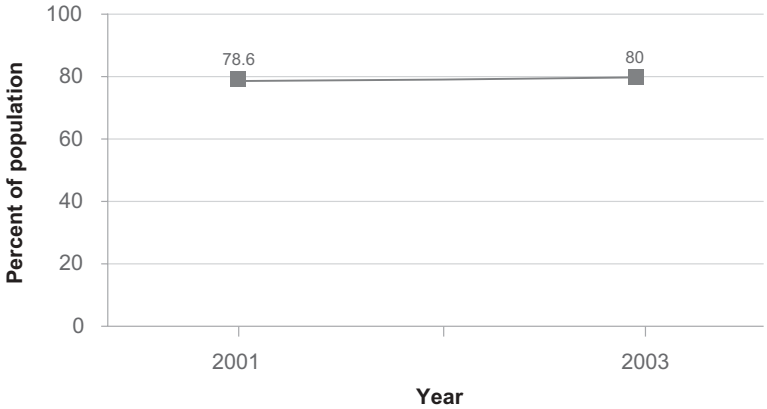


Figure 10. The percentage of Victorians that could raise \$2000 in two days in an emergency, 2002-2003.

Source: DHS 2004

03 A closer look: people

Overall trends in the indicators can mask inequalities between population groups. This section examines two of the indicator fields in detail – *participation* and *ability to get help* – in order to determine who is doing well in relation to these key aspects community strength. Each indicator field is described by demographic characteristics (such as sex, age, ethnicity and socio-economic status) and additional social attitudes (such as how they feel about their local areas and their wellbeing).

This section shows that people who participate and those that can get help when needed are healthier and feel more positive about the communities in which they live. It also shows, however, that while things are generally improving across Victoria, there are still inequalities between population groups, most notably between socio-economic and ethnic groups.

Who participates?

The VPHS collects information on three types of participation: *attendance at community events; membership of organised groups (such as sports, church community or professional groups); and volunteering.*

A considerable proportion of Victorians participate in more than one activity. For example, 76% of those that attend local community events are also members of organised groups, and 53% of those in organised groups volunteer. Consequently, the types of people participating in each of these activities are similar and will be described together in the following section.

Demographic characteristics

Sex and age

Attendees of local community events and volunteers are more likely to be female, while equal proportions of men and women are members of organised groups. Participants in all three categories are more likely than non-participants to be mid-aged or older, with attendees at events and members of groups more likely to be over 35 years old, and volunteers over 45 years old.

Ethnicity

Participants in all three categories are more likely to be Australian born and to speak English at home.

Household structure

Participants in all three categories are more likely to come from households of couples with dependant children than from other types of households (single person, single parent with dependant children, couple only and group house).

Socio-economic status

Participants in all three categories are more likely to be tertiary educated and home owner occupiers, but there are some differences in the employment and income status across the three groups. Attendees of local community groups are more likely to be employed or doing home duties and have annual household incomes over \$20 000, while members of organised groups are more likely to be employed, students or retired people and from households with annual incomes greater than \$40 000. Volunteers are more likely than non-volunteers to be studying, retired or doing

home duties and from households with annual incomes less than \$40 000.

Social attitudes

In general, people who participate have more positive social attitudes about their communities and wellbeing. It is not possible at this stage to know the causal pathway between these indicators, that is, does participation lead to better health and wellbeing outcomes or does being healthier and happier lead people to participate? These questions will be examined with more detailed research in the future.

Attitudes about place

Participants in all categories are more likely than non-participants to have ties to place and to feel more positive about where they live. They have more friends in their local area, have lived in the area longer (greater than five years) and are more likely to report feeling: safe walking down their streets at night; enjoying living amongst people of different lifestyles; and feeling multiculturalism makes life in their area better.

Social and health attitudes

More generally, those who participate have more positive social attitudes and respond more positively about their physical and mental health. They are more likely to report that they feel valued by society and that there are opportunities to have a real say. They are also more likely to report that their physical health is excellent or very good and less likely to be experiencing psychological distress.

Ability to get help when needed

Participants are also more likely to be able to access resources through networks, as

indicated by them being more likely to feel that they can get help from friends, family or neighbours when they need it and that they could raise \$2000 in two days in an emergency.

The tables related to the characteristics of the three different types of participants can be found in Appendix 1.

Who can't get help when needed?

The VPHS collects two types of information on ability to get help – *ability to get help from friends, family or neighbours when needed* and *ability to raise \$2000 in two days in an emergency.* Unlike the participant categories, people reflected in these two indicators are not the same. Less than 1% of people who could not raise \$2000 in emergency also could not get help from friends, family or neighbours when needed. This difference reflects that the \$2000 question is an indication of socio-economic status, while the ability to get help from friends, family or neighbours when needed question is a reflection of bonding social capital.

The following section describes these groups further.

Demographic characteristics

Sex and age

More men and those in the age group 45-64 cannot get help from friends, family or neighbours when needed, while more women and those in the age group 35-44 could not raise money in an emergency.

03 A closer look: people

Ethnicity

There is no clear relationship between ethnicity and the ability to get help from close associates, but those that cannot raise money in an emergency are more likely to be overseas born and non-English speaking at home.

Household structure

People who cannot get help in both categories are more likely to be living in single parent with dependant children households than from other types of households (single person, couple with dependant children, couple only and group house).

Socio-economic status

People who cannot get help in both categories are also more likely to be secondary educated, private or public housing tenants and from households with annual incomes under \$20,000. Those who cannot get help from friends, family or neighbours are more likely to be unemployed, studying or retired. Those that cannot raise money in an emergency are more likely to be unemployed or doing domestic duties.

Social attitudes

In general, people who cannot get help in both categories have less positive social attitudes about their communities and wellbeing. Again, at this stage the causal pathway between these indicators is not clear and will be investigated further in future work.

Attitudes about place

People who cannot get help in both categories are less likely to have place-based ties and to feel less positive about where they live. They are more likely to have fewer than five friends in

their local area, less likely to enjoy living amongst people of different lifestyles and less likely to feel that multiculturalism makes life in their area better. People who could not raise money in an emergency were less likely to feel safe walking down their streets at night.

Social and health attitudes

People who cannot get help when needed have less positive social attitudes and respond less positively about their physical and mental health. They are less likely to report that they feel valued by society or that there are opportunities to have a real say. They are more likely to report their physical health as poor and they are more likely to be experiencing psychological distress.

Participation

People who cannot get help when needed are less likely to be volunteers or members of organised groups.

The tables related to the characteristics of people who can get help can be found in Appendix B.

04 A closer look: place

Community strength indicators at the local area level

Overall trends in the indicators can also mask inequalities between places but these cannot be investigated using the VPHS data because the sample is based only on the nine DHS regions.

DVC has therefore piloted the key community strength indicators in four Local Government Areas (LGAs) – Greater Shepparton, Whittlesea, Towong and Yarra Ranges - and this has demonstrated that there is considerable variation across the areas (Figure 11). For example, levels of volunteering across the selected LGAs range from 45 to 81% ('yes' and 'sometimes' combined) and are all higher than the State average (Figure 11). Levels of disadvantage, as measured by the *can you raise \$2000* question, also vary significantly across LGAs from 51% to 76% - all lower than the 80% State average.

The LGA level data is not only useful for examining issues between areas, but could also be used to identify the issues for single LGAs and therefore ultimately for improving expenditure decisions. Two examples of data from individual LGAs against "targets" are shown in Figures 12 and 13. It should be noted that the targets shown in these figures are illustrative only and have simply been chosen for convenience. Figure 12 shows the Yarra Ranges indicators against the State averages. In Figure 13, Towong data is shown against the best score achieved by any LGA in the pilot. The orange arrows on both figures indicate the indicators that fall below the "targets".

The type of graphing shown in Figures 12 and 13 is a form of *community prevention planning* (Catalano 2004). It allows for the identification of key areas of community strength where improvements could be made. Initiatives that have been shown to be effective can then be targeted to maximise impact and cost effectiveness. This method ensures that interventions are selected on the basis of them being likely to have the biggest impact on a particular community. Without this information, valuable resources could be wasted on initiatives that do not suit areas. For example, targeting Towong with a generalised volunteering strategy given that 80% of its population volunteer, may not be the most effective use of community strengthening resources in that area. Towong could, however, provide important lessons to other areas interested in improving on this indicator.

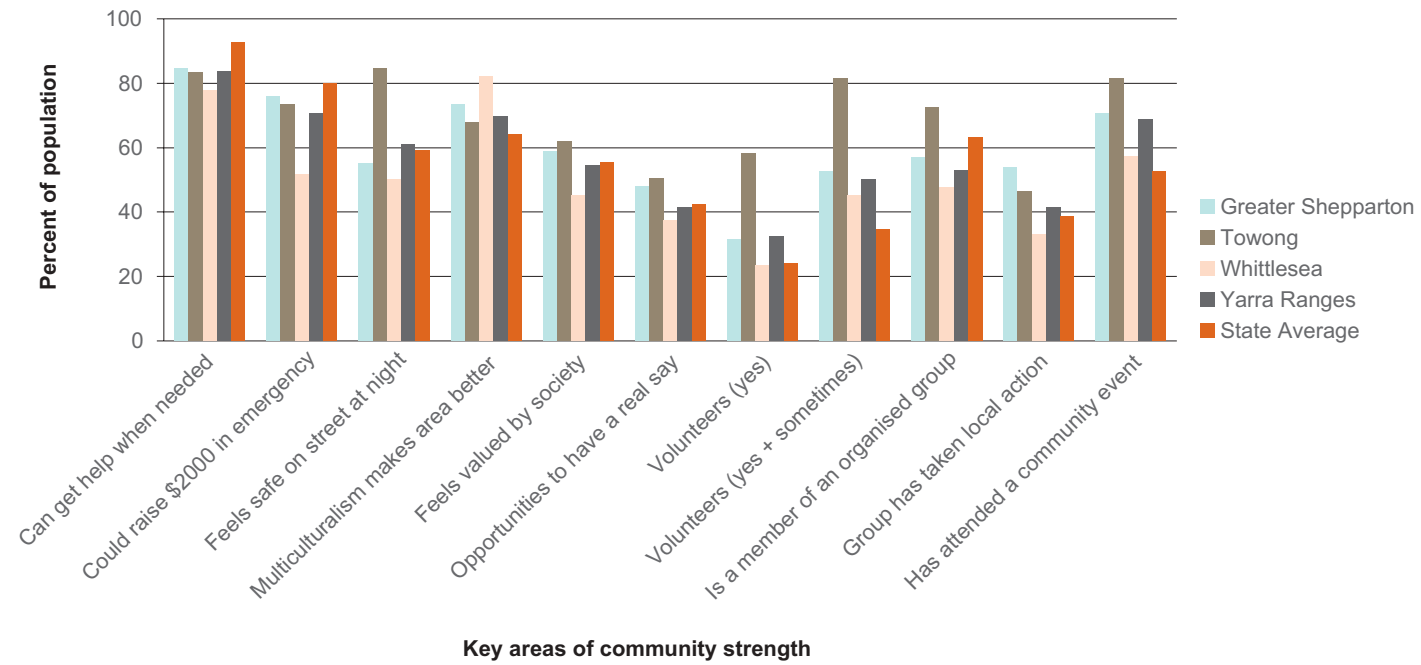


Figure 11. A comparison of community strengthening indicators across four Local Government Areas and the State average.

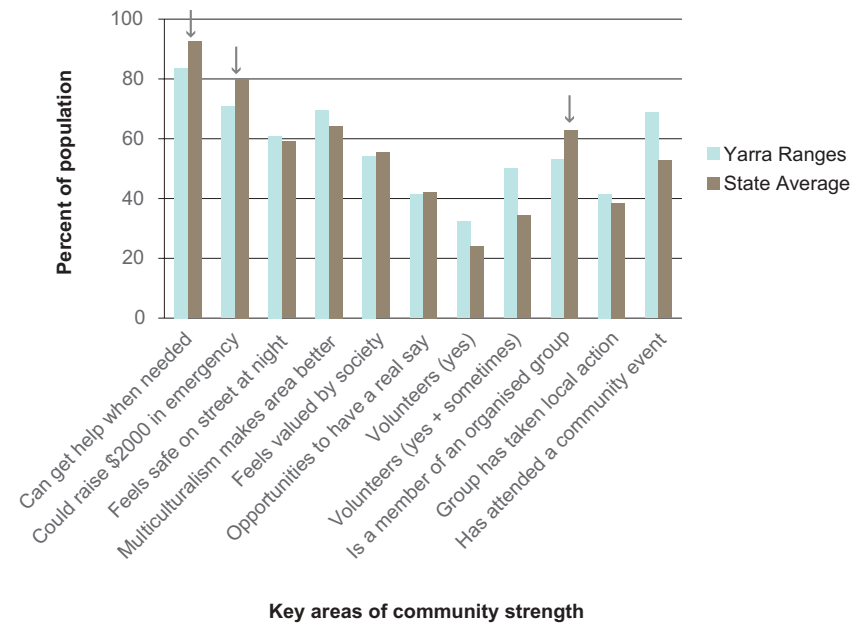


Figure 12. An example of LGA level data used as a planning tool - Yarra Ranges indicators of community strength compared with the State average.

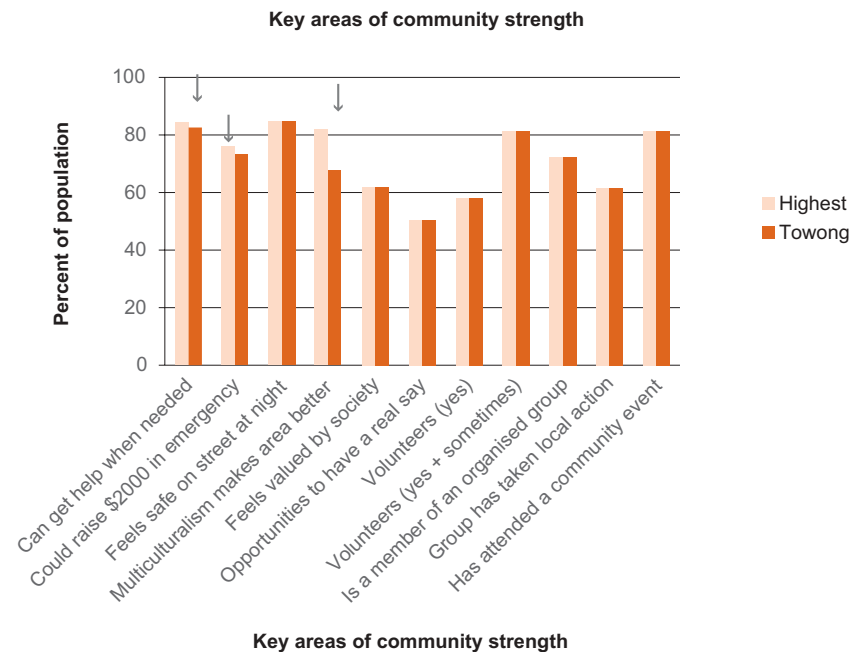


Figure 13. An example of LGA level data used as a planning tool - Towong indicators of community strength compared with the best score achieved by any of the four pilot LGAs.

Conclusion and future work

Community strength has improved across the State over the last three years, but there are still inequalities between population groups. Local area data provides a way for examining how these improvements could be made by allowing investments on initiatives to be matched to the character of areas.

The next steps are to develop the indicators across the 79 Local Government Areas in Victoria and to develop an audit of proven effective interventions that can be examined in each of the areas of community strength so that appropriate initiatives can be selected.

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Appendix A

Questions in the Victorian Population Health Survey 2003

- 1 How many relatives outside your home do you have contact with (face-to-face, telephone, email, mail) at least once a month?
- 2 How many of these relatives live in your local area/local government or council area?
- 3 How many friends do you have contact with (face-to-face, telephone, email, mail) at least once a month?
- 4 How many of these friends live in your local area/local government or council area?
- 5 How many people did you talk to yesterday?
- 6 Can you get help from friends when you need it?
- 7 Can you get help from family members when you need it?
- 8 Can you get help from neighbours when you need it?
- 9 Can you get access to community service or resources when you need them?
- 10 Do you help out a local group as a volunteer?
- 11 Do you feel safe walking alone down your street after dark?
- 12 Do you agree that most people can be trusted?
- 13 Do you enjoy living among people of different lifestyles?
- 14 Do you think that multiculturalism makes life in your area better?
- 15 Do you feel valued by society?
- 16 Do you feel there are opportunities to have a real say on issues that are important to you?
- 17 Could you raise \$2 000 within two days in an emergency?
- 18 Are you a member of a sports group?
- 19 Are you a member of a church group?
- 20 Are you a member of a school group?
- 21 Are you a member of any other community group?
- 22 Are you a member of a professional group or academic society?
- 23 If you needed to find a job, could you get one through a contact in one of these groups? (Of persons who belonged to any of the groups.)
- 24 Have any of these groups you are involved with taken any local action on behalf of your community in the last 12 months? (Of persons who belong to any of the groups.)
- 25 Do you get any help from any volunteer-based organisations?
- 26 Have you been to any support group meetings over the last two years?
- 27 Could one of your relatives or friends care for you or your children in an emergency?
- 28 Have you attended a local community event in the past six months (e.g. church fete, school concert or craft exhibition?)
- 29 If you needed to find a job, could you get one through a relative or friend?

Appendix B

Tables for People: a closer look

Table a. Participation by demographics and social attitudes

		Attendance at community events		Members of organised groups		Volunteers	
		Yes %	No %	Yes %	No %	Yes %	No %
Sex	Female	55.0	45.0	62.1	37.9	35.9	64.1
	Male	50.7	49.3	64.6	35.4	32.8	67.2
Age	18-24	39.7	60.3	66.5	33.5	24.0	76.0
	25-34	48.7	51.3	58.3	41.7	27.8	72.2
	35-44	64.6	35.4	67.2	32.8	39.7	60.3
	45-54	56.2	43.8	61.3	38.7	39.6	60.4
	55-64	51.9	48.1	62.0	38.0	36.4	63.6
	65+	51.0	49.0	65.3	34.7	36.8	63.2
Country of birth	Australia	54.8	45.2	64.3	35.7	36.3	63.7
	Other	47.7	52.3	60.7	39.3	29.3	70.7
Language spoken at home	English	54.6	45.4	63.8	36.2	36.3	63.7
	Other	46.0	54.0	61.2	38.8	27.0	73.0
Household structure	Couple	50.1	49.9	62.0	38.0	34.1	65.9
	Couple with dependant children	63.2	36.8	69.3	30.7	41.1	58.9
	Couple non-dependant children	50.7	49.3	63.2	36.8	36.7	63.3
	Single with dependant children	53.1	46.9	55.8	44.2	30.7	69.3
	Single non-dependant children	33.4	66.6	46.6	53.4	21.2	78.8
	Group house	41.3	58.7	56.3	43.7	19.5	80.5
	Single person	42.7	57.3	60.9	39.1	28.8	71.2
Home ownership	Owned	55.2	44.8	65.3	34.7	36.3	63.7
	Public housing	37.0	63.0	51.7	48.3	26.0	74.0
	Private rental	45.3	54.7	56.5	43.5	26.6	73.4
Education	Tertiary	58.3	41.7	72.5	27.5	37.6	62.4
	Secondary	49.9	50.1	56.8	43.2	32.8	67.2
	Primary	32.7	67.3	50.7	49.3	20.9	79.1
Employment status	Employed	55.1	44.9	65.2	34.8	33.9	66.1
	Unemployed	43.7	56.3	45.5	54.5	26.8	73.2
	Home duties	61.1	38.9	55.0	45.0	41.0	59.0
	Studying/retired/other not in labour force	46.8	53.2	64.6	35.4	34.5	65.5
Household income	>\$60K	59.3	40.7	70.9	29.1	34.6	65.4
	\$40K-\$60K	56.8	43.2	64.3	35.7	35.8	64.2
	\$20K-\$40K	51.8	48.2	60.3	39.7	36.2	63.8
	\$20K	45.5	54.5	57.1	42.9	32.7	67.3
Friends in the local area	None	42.3	57.7	50.6	49.4	23.1	76.9

Tables for People: a closer look

		Attendance at community events		Members of organised groups		Volunteers	
		Yes %	No %	Yes %	No %	Yes %	No %
Friends in the local area	None	42.3	57.7	50.6	49.4	23.1	76.9
	Less than 5	47.5	52.5	57.3	42.7	28.0	72.0
	5 or more	56.9	43.1	67.5	32.5	37.4	62.6
	Many, at least 10	65.5	34.5	79.7	20.3	50.2	49.8
Length of time living in area	Less than 1 year	43.4	56.6	60.0	40.0	25.0	75.0
	1-5 years	48.7	51.3	59.0	41.0	27.4	72.6
	5-10 years	60.4	39.6	61.9	38.1	34.5	65.5
	More than 10 years	54.2	45.8	66.2	33.8	39.1	60.9
Feel safe walking down the street at night	No, not at all	45.9	54.1	53.0	47.0	28.3	71.7
	Not often	48.2	51.8	61.7	38.3	36.1	63.9
	Sometimes	54.2	45.8	63.5	36.5	34.9	65.1
	Yes, definitely	55.3	44.7	66.6	33.4	36.1	63.9
Multiculturalism makes area better	No, not at all	43.3	56.7	56.4	43.6	27.8	72.2
	Not often	43.9	56.1	58.1	41.9	29.5	70.5
	Sometimes	50.9	49.1	61.4	38.6	34.6	65.4
	Yes, definitely	54.7	45.3	65.1	34.9	34.9	65.1
Enjoy living amongst people of different lifestyles	No, not at all	38.4	61.6	40.9	59.1	24.4	75.6
	Not often	47.3	52.7	62.3	37.7	36.8	63.2
	Sometimes	43.9	56.1	59.0	41.0	28.5	71.5
	Yes, definitely	56.4	43.6	65.7	34.3	36.5	63.5
Feel valued by society	No, not at all	36.8	63.2	45.6	54.4	18.5	81.5
	Not often	36.5	63.5	55.4	44.6	25.3	74.7
	Sometimes	49.6	50.4	61.4	38.6	31.0	69.0
	Yes, definitely	58.9	41.1	68.0	32.0	39.8	60.2
Feel there are opportunities to have a say	No, not at all	39.5	60.5	52.2	47.8	24.5	75.5
	Not often	48.6	51.4	60.7	39.3	26.4	73.6
	Sometimes	53.8	46.2	63.6	36.4	35.8	64.2
	Yes, definitely	57.8	42.2	67.5	32.5	38.7	61.3
Self reported health	Excellent	59.3	40.7	72.8	27.2	43.1	56.9
	Very good	58.1	41.9	67.2	32.8	35.6	64.4
	Good	50.5	49.5	61.4	38.6	33.7	66.3
	Fair	43.8	56.2	52.4	47.6	27.4	72.6
	Poor	37.0	63.0	49.0	51.0	22.8	77.2

Table a. Participation by demographics and social attitudes

		Attendance at community events		Members of organised groups		Volunteers	
		Yes %	No %	Yes %	No %	Yes %	No %
K10 measure of psychological distress	<16 No distress	55.3	44.7	65.8	34.2	35.8	64.2
	16-21	51.1	48.9	61.1	38.9	32.6	67.4
	22-29	45.0	55.0	58.5	41.5	33.5	66.5
	>30 Severe distress	36.6	63.4	40.3	59.7	20.5	79.5
Ability to get help from friends, family or neighbours	No, not at all	19.8	80.2	33.2	66.8	19.3	80.7
	Not often	49.2	50.8	57.9	42.1	28.1	71.9
	Sometimes	44.4	55.6	57.0	43.0	29.6	70.4
	Yes, definitely	53.7	46.3	64.0	36.0	34.9	65.1
Able to raise \$2000 in 2 days in an emergency	Yes	55.6	44.4	66.5	33.5	36.1	63.9
	No	39.7	60.3	49.5	50.5	26.7	73.3
	Don't Know	49.4	50.6	55.0	45.0	30.0	70.0

p<0.001 in all cross tabulations

Source: VPHS data, Department of Human Services Victoria

NB: Answers other than 'yes' or 'no' (for example 'don't know' or 'refused') have been removed from the above calculations

Tables for People: a closer look

Table b. Ability to get help by demographics and social attitudes

		Ability to get help from family, friends or neighbours		Ability to raise \$2000 in two days in an emergency		
		Yes	Not often or never	Yes	No	Don't know
		%	%	%	%	%
Sex	Female	93.4	6.6	77.5	18.2	4.3
	Male	91.5	8.5	83.6	13.6	2.8
Age	18-24	94.2	5.8	66.1	28.3	5.6
	25-34	93.2	6.8	83.5	13.5	3.0
	35-44	90.4	9.6	83.5	13.3	3.1
	45-54	91.2	8.8	83.1	14.0	2.9
	55-64	93.3	6.7	80.8	15.3	3.9
	65+	93.6	6.4	81.1	15.2	3.8
Country of birth	Australia	93.3	6.7	82.9	14.3	2.8
	Other	90.1	9.9	73.7	20.5	5.7
Language spoken at home	English	93.4	6.6	83.9	13.5	2.6
	Other	88.7	11.3	66.6	26.1	7.4
Household structure	Couple	94.0	6.0	86.2	10.8	3.0
	Couple with dependant children	91.5	8.5	81.1	14.7	4.2
	Couple non-dependant children	93.6	6.4	82.0	13.8	4.2
	Single with dependant children	89.6	10.4	63.9	32.9	3.2
	Single non-dependant children	91.5	8.5	73.0	23.8	3.1
	Group house	93.1	6.9	76.0	21.0	3.0
Home ownership	Owned	92.9	7.1	84.0	12.4	3.6
	Public housing	88.3	11.7	56.1	39.2	4.7
	Private rental	91.9	8.1	70.5	26.7	2.8
Education	Primary	83.1	16.9	88.0	9.8	2.2
	Secondary	93.3	6.7	75.9	20.2	3.9
	Tertiary	92.1	7.9	56.2	28.0	15.7
Employment status	Employed	93.3	6.7	86.1	11.4	2.6
	Unemployed	85.3	14.7	61.2	33.2	5.6
	Home duties	90.7	9.3	72.3	23.5	4.2
	Studying/retired/other not in the labour force	92.2	7.8	74.0	20.8	5.2
Household income	>\$60K	94.5	5.5	94.0	4.4	1.6
	\$40K-\$60K	94.3	5.7	84.6	12.7	2.7
	\$20K-\$40K	91.3	8.7	79.4	15.6	5.0
	\$20K	90.4	9.6	63.7	32.3	4.0

Table b. Ability to get help by demographics and social attitudes

		Ability to get help from family, friends or neighbours		Ability to raise \$2000 in two days in an emergency		
		Yes	Not often or never	Yes	No	Don't know
		%	%	%	%	%
Friends in the local area	None	88.4	11.6	78.8	17.0	4.2
	Less than 5	90.6	9.4	80.2	16.7	3.1
	5 or more	95.4	4.6	82.6	14.2	3.2
	Many, at least 10	96.1	3.9	81.9	14.1	4.0
Length of time living in area	Less than 1 year	91.7	8.3	76.1	20.5	3.4
	1-5 years	91.3	8.7	80.8	15.7	3.5
	5-10 years	91.5	8.5	80.3	16.5	3.3
	More than 10 years	93.3	6.7	81.1	15.1	3.7
Feel safe walking down the street at night	No, not at all	90.4	9.6	68.9	26.1	5.0
	Not often	91.5	8.5	76.6	22.6	0.8
	Sometimes	90.1	9.9	80.5	15.1	4.4
	Yes, definitely	93.6	6.4	84.3	12.6	3.1
Multiculturalism makes area better	No, not at all	90.2	9.8	78.0	20.0	2.0
	Not often	91.9	8.1	80.8	17.7	1.5
	Sometimes	90.4	9.6	79.3	17.0	3.7
	Yes, definitely	93.4	6.6	81.6	14.9	3.5
Enjoy living amongst people of different lifestyles	No, not at all	78.7	21.3	63.7	29.6	6.8
	Not often	92.9	7.1	76.3	20.6	3.1
	Sometimes	88.6	11.4	76.5	18.9	4.6
	Yes, definitely	94.1	5.9	82.7	14.4	3.0
Feel valued by society	No, not at all	84.4	15.6	64.8	30.9	4.3
	Not often	82.1	17.9	75.4	21.7	2.9
	Sometimes	90.6	9.4	78.5	17.8	3.7
	Yes, definitely	95.8	4.2	84.6	11.9	3.5
Feel there are opportunities to have a say	No, not at all	86.1	13.9	75.5	22.0	2.5
	Not often	88.1	11.9	79.0	17.4	3.6
	Sometimes	92.1	7.9	80.9	14.9	4.2
	Yes, definitely	96.1	3.9	82.2	14.4	3.4
Self reported health	Excellent	95.5	4.5	88.3	9.8	1.9
	Very good	95.23	4.77	85.9	11.4	2.7
	Good	91.9	8.1	78.6	17.6	3.8
	Fair	86.2	13.8	69.3	24.5	6.2
	Poor	81.1	18.9	56.1	37.4	6.5

Table b. Ability to get help by demographics and social attitudes

		Ability to get help from family, friends or neighbours		Ability to raise \$2000 in two days in an emergency		
		Yes	Not often or never	Yes	No	Don't know
		%	%	%	%	%
K10 measure of psychological distress	<16 No distress	96.0	4.0	85.5	11.4	3.1
	16-21	89.3	10.8	75.5	20.2	4.3
	22-29	81.5	18.5	66.2	29.3	4.5
	>30 Severe distress	70.7	29.3	47.6	47.9	4.5
Ability to get help from friends, family or neighbours	No, not at all	-	--	54.2	45.8	0.0
	Not often	-	-	70.1	28.9	0.9
	Sometimes	-	-	61.0	31.1	8.0
	Yes, definitely	-	-	82.1	14.6	3.3
	No, not at all	-	-	-	-	-
Able to raise \$2000 in 2 days in an emergency	Yes	94.2	5.8	-	-	-
	No	84.8	15.2	-	-	-
	Don't Know	85.6	14.4	-	-	-

p<0.001 in all cross tabulations

Source: VPHS data, Department of Human Services Victoria

NB: Answers other than 'yes' or 'no' (for example 'don't know' or 'refused') have been removed from the above calculations

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<http://www.dhs.vic.gov.au/phd/healthsurveillance>

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<http://www.qmr.com.au>

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