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Centre for Social Impact

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Introducing Australia’s Social Pulse

Having access to safe, affordable, secure housing; an adequate standard of living; good health; education; social inclusion and the right to services, supports and care that recognizes the needs of individuals and treats them with dignity and respect regardless of their backgrounds, are aspects of life that we all need, value and aspire to (Maslow 1943; e.g. living ‘a good life’, Sen, 1999; Nussbaum, 1992; subjective wellbeing; Hamilton and Redmond, 2010; OECD, 2011). They affect our happiness and make our society economically stronger (e.g. Stiglitz, 2009) and are a human right (UN Human Rights Conventions). And yet, in Australia and across the world, access to those fundamental features of life is still a struggle for many.

Economic indicators like GDP, unemployment, inflation and interest rates, are all well established and regularly reported on in mainstream media. But what about the parts of our lives that tell the story of our social progress? How are we doing in other areas that matter to our lives?

It has been recognised, especially after the Global Financial Crisis, that indicators other than financial measures matter and that collectively they paint a holistic picture of how countries are faring (ABS, 2002b; Saunders, 2010; D’Acci, 2011). This led to nations, institutions and transnational bodies developing criteria for measuring wellbeing alongside economic prosperity to capture how people are faring, their experiences and aspirations beyond material needs (Saunders, 2010).

While some efforts have been undertaken locally, Australia’s social purpose sector lacks a cohesive, consistent and reliable source that tracks our social progress. Without this, we cannot determine if we are improving social outcomes, addressing complex social problems and strengthening society. Nor can we evaluate whether our financial investments in social areas are achieving their aims. Australia’s Social Pulse responds to these gaps by providing rigorous measurement of the nation’s social progress.

Building on existing Australian social statistics, Australia’s Social Pulse measures changes over time in key social indicators across a range of domains. It uses statistical analysis to investigate associations between outcomes and community, household, and individual characteristics to provide an in-depth understanding of the nation’s social pulse. The report examines key indicators across the following domains:

- Education
- Employment
- Health
- Disability
- Living standards
- Housing and homelessness
- Social cohesion
- Life satisfaction

Australia’s Social Pulse helps answer crucial questions such as ‘How is Australia tracking against key social issues? Who is faring well and who is faring poorly? How have outcomes changed over time, and for whom?’ This report is designed to be used across the social purpose sector and to help identify where initiatives, policies and/or investments are needed to improve social outcomes. It indicates areas or particular population cohorts in which innovation, investment or policy changes may be required in the future, and provides an almanac of how Australia is faring in some of the most important social areas.
SOCIAL COHESION

Social cohesion generally refers to the complex set of social interactions and relationships that contribute to how well society functions as a whole, including the level of trust among individuals, their sense of belonging and willingness to socially contribute and help each other (OECD 2011d, Stanley, 2003, Friedkin, 2004).

Social cohesion is important because the outcomes it encompasses matter both for individuals and for society. At an individual level, strong friendships and relationships with family are, for example, critical for people’s social and emotional development (Muir et al., 2009). Conversely, being a victim of crime can negatively impact a range of individual outcomes, including health, wellbeing, education and attainment (AIHW, 2007, 2008). At a societal level, social cohesion has important interconnections with key concepts associated with a strong and effective community and social support system: social inclusion, social capital and social mobility (OECD, 2011d, Australian Social Inclusion Board, 2012b).

Social cohesion brings together a range of supportive factors such as social relationships and support as well as factors that threaten cohesion like crime and violence (Social Indicators Research Centre (ZSi), 2015b). As such, this sections looks at social cohesion from three perspectives: relationships; sense of belonging; and safety.

**Key statistics**

- According to HILDA survey data, level of satisfaction with relationships with one’s own children, partner and partner’s relationship with children have remained high from 2001 to 2013, consistently showing a level of satisfaction of 8 in 10 or more.
- The amount of people seeing friends and family who do not live with them every day or several times a week decreased from 32.4% in 2011 to 27.2% in 2013, according to HILDA data.
- People’s sense of social connection remained stable at 5.4 out of 7 from 2001 to 2013, with a mean score of 5.47 in 2013. Sense of social isolation has decreased significantly from 2.71 out of 7 in 2001 to 2.59 in 2013 (analysis of HILDA data).
- HILDA data also show that the number of people who had been a victim of property crime decreased from 4.9% in 2006 to 3.3% in 2013, while the number of people who reported being a victim of physical violence decreased from 1.47% to 1.02% over the same period.
- Analysis of HILDA data revealed that compared to people with low levels of psychological distress, people with high levels of psychological distress were less likely to see family and friends at least weekly, less likely to feel socially connected and more likely to feel socially isolated and were more likely to be a victim of both property crime and physical violence.
Findings

Relationships

Relationships with family and friends are vital for positive individual development (ABS 2010a). In 2013, people in Australia were, on average, quite satisfied with their relationships with family members (see Figure 1). On the HILDA survey, level of satisfaction was measured on a scale of 0 to 10, where 0 is completely dissatisfied and 10 is completely satisfied. Respondents were most satisfied with their relationship with their own children, their partner and their partner’s relationship with their children. In comparison, the level of satisfaction with their relationship with their parents, how children in the household get along together and their step children (if applicable) was lower but still relatively high. These figures have changed relatively little since 2001 (See Appendix D – Social Cohesion).

Figure 1: Level of satisfaction with family relationships

While the level of satisfaction with immediate family members was quite high over the same period, contact with family and friends outside the household appears to have declined slightly over the last several years (see Figure 2). Compared to 32.4% in 2001, only 27.2% of people reported seeing family and friends every day or several times a week in 2013, with the decline being statistically significant (p < 0.01). Over the same period there were smaller, but significant, increases in the amount of people socialising with their family and friends 2 to 3 times a month (p < 0.01), about once a month (p < 0.05) or less than once a month (p < 0.05).
There were significant differences in the likelihood of different groups within the population seeing their family and friends who did not live with them at least weekly (Figure 3).

Analysis of 2013 HILDA data revealed that, compared to people aged 25 to 64, young people aged 15 to 24 and older people aged 65 and over were more likely to see their family and friends at least weekly (p < 0.01). Young people had the highest predicted probability of 76%, followed by 61% for people 65 and over, and 54% for 25 to 64 year olds.

Women were more likely than men to see family and friends at least weekly (p < 0.01), with a predicted probability of 61% and 56% respectively. People living in least disadvantaged areas (5th SEIFA quintile) were also more likely to see family and friends at least weekly, compared to people living in areas of median disadvantage (p < 0.05).

On the other hand, people with a disability and people with high to moderate levels of psychological distress were significantly less likely to see family and friends weekly compared to people with no disability (p < 0.05) and people with a low level of psychological distress (p < 0.01) respectively. People living in inner regional areas were also significantly less likely to see their family and friends at least weekly compared to people living in major cities (p < 0.05), with predicted probabilities of 56% and 59% respectively.

There were no significant differences in the likelihood of seeing family and friends weekly based on Indigenous status.
Relationships, or lack thereof, affect multiple areas of an individual’s life. Healthy relationships are indeed argued to help “build self-esteem, improve mental and emotional health and help you live a fuller life” (Johnson, 2011). At the same time, social isolation has been found to negatively affect health outcomes, especially for vulnerable populations (Cacioppo and Hawkley, 2003).

How socially connected people in Australia feel was measured on the HILDA survey using five items rated on a 7-point scale, with high scores reflecting a strong sense of social support. The items rated were: “I seem to have a lot of friends”; “there is someone who can always cheer me up when I’m down”; “I enjoy the time I spend with the people who are important to me”; “when something’s on my mind, just talking with the people I know can make me feel better”; and “when I need someone to help me out, I can usually find someone”.

Similarly, sense of social isolation was derived using five items rated on a 7-point scale, with higher scores again indicating a greater sense of social isolation. The items rated were: “I often feel very lonely”; “people don’t come to visit me as often as I would like”; “I often need help from other people but can’t get it”; “I don’t have anyone that I can confide in”; and “I have no-one to lean on in times of trouble”.

As Figure 4 shows, sense of social connection remained stable between 2001 and 2013 (p > 0.05) with a mean score of 5.47 in 2013. At the same time, sense of social isolation has decreased significantly (p < 0.01) over time from 2.71 in 2001 to 2.59 in 2013.
Analysis of 2013 HILDA data also revealed that there were significant differences in levels of social connection and social isolation for different population groups in 2013 (see Figure 5 and Figure 6), with some groups experiencing positive outcome on both indicators. Females had higher levels of social connection (p < 0.01; Figure 5) and lower levels of social isolation (p < 0.01; Figure 6), than males. Likewise, compared to people aged 25 to 64, young people aged 15 to 24 had higher levels of social connection (p < 0.01; Figure 5) and lower levels of social isolation (p < 0.01; Figure 6).

People aged 65 and over also had higher levels of social connection than 25 to 64 year olds (p < 0.01; Figure 5). Similarly, Indigenous people had higher levels of social connection than non-Indigenous people (p < 0.01; Figure 5), with a predicted score of 2.9 and 2.6 respectively. In addition, people living in the least disadvantaged areas (5th SEIFA quintile) had lower levels of social isolation compared to people living in areas of median disadvantage (p < 0.01; Figure 6).

However, some groups were likely to experience poorer outcomes on both indicators. People with higher levels of psychological distress had lower levels of social connection (p < 0.01; Figure 5) and higher levels of social isolation (p < 0.01; Figure 6) compared to people with a low level of psychological distress. Predicted scores for social connection decreased with level of psychological distress, from 5.7 for low level of psychological distress to 5.3, 4.8 and 4.4 for moderate, high and very high levels of psychological distress respectively (Figure 5). Similarly, predicted scores for social isolation increased with level of psychological distress (Figure 6). People with a disability also had lower levels of social connection (p < 0.01; Figure 5) and higher levels of social isolation (p < 0.01; Figure 6) than people without a disability.
Figure 5: Predicted score of social connection, population aged 15+

Source: Based on linear regression from HILDA 2013 data, n = 14,951

Notes: Results based on responding person file results, including all control variables above.

1 Regression based on individuals aged 15 and over
2 Kessler 10 category of level of psychological distress
3 Socioeconomic Index for Areas: quintile of relative disadvantage

Figure 6: Predicted score of social isolation

Source: Based on linear regression from HILDA 2013 data, n = 14,920

Notes: Results based on responding person file results, including all control variables above.

1 Regression based on individuals aged 15 and over
2 Kessler 10 category of level of psychological distress
3 Socioeconomic Index for Areas: quintile of relative disadvantage
Connectivity

Access to the internet has been argued to provide a platform for building more cohesive societies (Hariche et al., 2011). With an ever-increasing shift towards a global society, the internet provides a mechanism for people to stay in touch, as well as create new connections not bound by geography.

Australia’s connectivity, or access to the internet, increased substantially in recent years. According to the ABS, the proportion of people without internet access had fallen from 33% in 2007/08 to 14% in 2014/15 (ABS, 2016).

However, the likelihood of having access to the internet is not consistent across population groups and it is likely that vulnerable groups, for example those who are homeless or living in non-private dwellings¹ or alternative forms of accommodation such as hotels, staff quarters, hospitals, residential aged care, prison, have lower access to the internet (Australian Human Rights Commission, 2013).

In 2013, according to analysis of HILDA data, younger people aged 15 to 24 years had significantly higher odds of having internet access than 25 to 64 year olds (p < 0.01; Figure 7), while 65 year olds and over had significantly lower odds of having internet access compared to the same group (p < 0.01). Indigenous people were also statistically less likely than non-Indigenous people (p < 0.01) and females less likely than males (p < 0.05) of having access to the internet. After older people (65 and over), Indigenous people were the least likely group to have internet access, with a predicted probability of only 80%.

Psychological distress, having a disability, relative disadvantage, and living outside major cities were all significantly associated with lower odds of having internet access. In fact, compared to people with a low level of psychological distress, people with moderate (p < 0.05), high (p < 0.01) or very high (p < 0.05) levels of psychological distress were less likely to not have internet access. Likewise, people with a disability were less likely to have access to the internet than people with no disability (p < 0.01), with a predicted probability of 86% and 91% respectively. Compared to people living in areas of median disadvantage, people living in the most disadvantaged areas (1st and 2nd SEIFA quintiles) were less likely to have internet access. On the other hand, people living in the least disadvantaged areas had a higher likelihood of having access to the internet, compared to people living in median disadvantage areas. Similarly, people living in regional and remote areas were significantly less likely than people living in major cities to have access to the internet. The predicted probability of having internet access were 87%, 86% and 85% for inner regional, outer regional and remote areas, compared to 90% for major cities.

¹ For more information about types of non-private dwelling see the ABS 2011 Census Dictionary http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2901.0Chapter7402011
Figure 7: Predicted probability of having internet access at home, population aged 15+

<table>
<thead>
<tr>
<th>Age1</th>
<th>Gender</th>
<th>Disability status</th>
<th>Indigenous status</th>
<th>K10 - category2</th>
<th>SEIFA - quintile3</th>
<th>Geography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-24</td>
<td>Male</td>
<td>Low</td>
<td>Indigenous</td>
<td>1 Most disadvantaged</td>
<td>5 Least disadvantaged</td>
<td>Major cities</td>
</tr>
<tr>
<td>Age 25-64</td>
<td>Female</td>
<td>Moderate</td>
<td>Very high</td>
<td>2</td>
<td>4</td>
<td>Inner regional</td>
</tr>
<tr>
<td>Age 65 and over</td>
<td>Non-Indigenous</td>
<td>High</td>
<td>Missing</td>
<td>3 Median</td>
<td>3</td>
<td>Outer regional</td>
</tr>
<tr>
<td>No disability</td>
<td>Non-disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Remote</td>
</tr>
<tr>
<td>Disability</td>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Based on logistic regression from HILDA 2013 data, n = 17,271

Notes: Results based on responding person file results, including all control variables above.

1 Regression based on individuals aged 15 and over
2 Kessler 10 category of level of psychological distress
3 Socioeconomic Index for Areas: quintile of relative disadvantage

Sense of belonging

In addition to relationships with family and friends, people’s connections to their community also contribute to a cohesive society (ABS 2012e). On the HILDA survey, the level of satisfaction with feeling part of the community was measured on a scale from 0, completely dissatisfied, to 10, completely satisfied. According to HILDA survey data, average satisfaction with feeling part of the community significantly increased between 2001 and 2006, from 6.62 to 6.74 (p < 0.01), and further to 6.85 in 2011 (p < 0.01). It then significantly decreased between 2011 and 2013, to 6.63 (p < 0.01), a level not statistically different from 2001 figures (p > 0.05; Figure 8).

While satisfaction with feeling part of the community remained stable over the time period, the average level of ‘satisfaction with the neighbourhood in which you live’ slightly but significantly decreased between 2001 and 2013, from 8.00 to 7.80 (p < 0.01; Figure 8).

The level of satisfaction with the neighbourhood was also measured on a scale from 0, completely dissatisfied, to 10, completely satisfied.
Figure 8: Satisfaction with feeling part of your community and the neighborhood in which you live

![Bar chart showing satisfaction levels over time.]

Source: Household, Income and Labour Dynamics in Australia Survey (HILDA), 2001-2013

Notes: All respondents aged 15 and over;
Scale 0-to-10, where 0 is completely dissatisfied and 10 is completely satisfied.

Participation in volunteer work and care

People’s connection to their community is also expressed through their willingness to socially cooperate with, and help each other (Stanley, 2003). In both 2006 and 2011, 14.4% of people had spent some time in the last 12 months doing voluntary work through an organisation or group (Figure 9).

Figure 9: Proportion of people aged 15+ that spent some time in the last 12 months doing voluntary work through an organisation or group

![Bar chart showing participation in volunteer work.]

Source: ABS Census 2006 and 2011
In parallel, 24.5% of people in Australia (aged 15 and over) reported spending time in the last two weeks looking after a child, either their own or other children, without pay in 2011 (Figure 10). Specifically, 15.9% provided unpaid care for their own child or children, 5.8% provided unpaid care for other children and 0.8% provided unpaid care for a combination of their own and other children. These figures, again, have remained fairly stable between 2006 and 2011.

**Figure 10: Proportion of people aged 15+ that provided unpaid childcare in two weeks prior to Census**

<table>
<thead>
<tr>
<th>Did not provide child care</th>
<th>Cared for own child/children</th>
<th>Cared for other child/children</th>
<th>Cared for own child/children and other child/children</th>
<th>Not stated</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.8%</td>
<td>52.0%</td>
<td>15.5%</td>
<td>15.9%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>2006</td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: ABS Census 2006 and 2011

Some people also provided care to a person – within or outside their household – who has a long-term health condition or a person who is elderly or who has a disability. According to HILDA data, the proportion of people actively caring for a person living in the same household has remained stable at around 5% in 2006, 2011, and 2013 (Figure 11) with no significant changes between the years. On the other hand, the proportion of people who cared for a person not living in the same household significantly decreased from 3.5% in 2006 to 2.8% in 2011 (p < 0.01). This proportion remained statistically unchanged in 2013, with no overall significant difference between 2011 and 2013 figures.

**Figure 11: Proportion of population providing care for a person in the household or a person outside of the household**

<table>
<thead>
<tr>
<th>2006</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2%</td>
<td>3.5%</td>
<td>4.9%</td>
</tr>
<tr>
<td>4.9%</td>
<td>2.8%</td>
<td>4.8%</td>
</tr>
<tr>
<td>4.8%</td>
<td>3.1%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Household, Income and Labour Dynamics in Australia Survey (HILDA), 2006-2013
According to analysis of 2013 HILDA data, younger people aged 15 to 24 years had lower odds of being a carer for a household member ($p < 0.01$; Figure 12) or being a carer for a person outside the household ($p < 0.05$; Figure 13) compared to people aged between 25 to 64 years. On the other hand, people 65 years and over had higher odds of being a carer for a person in the household ($p < 0.05$; Figure 12) compared to 25 to 64 year olds, but lower odds of caring for non-household members ($p < 0.05$; Figure 13).

Females had higher odds of caring for household ($p < 0.01$) and non-household members ($p < 0.01$). The predicted probability of caring for a household member was 6% for females and 4% for males (Figure 12), and 4% for females and 2% for males for non-household members (Figure 13).

People with moderate to very high psychological distress had higher odds of caring for household members with a disability compared to people with low psychological distress ($p < 0.01$; Figure 12). The predicted probability for people with moderate to very high levels of distress ranged from 6-7%, whereas the predicted probability was 4% for people with low levels of distress. However, there were no differences in the likelihood of people being a carer for non-household members based on their levels of distress ($p > 0.05$; Figure 13).

Interestingly, people with a disability themselves had higher odds of providing care for other household members compared to people without a disability ($p < 0.01$). The predicted probabilities of caring for a person inside the household for people with and without a disability were 6% and 4% respectively (Figure 12). People with a disability were also more likely to care for non-household members ($p < 0.01$) compared to people with no disability. The predicted probabilities for providing care to a non-household member for a person with and without a disability were 4% and 3% respectively (Figure 13).

People living in areas with the least socio-economic disadvantage (5th SEIFA quintile) had lower odds of caring for household members ($p < 0.05$; Figure 12). There were, however, no differences in the odds of caring for household and non-household members related to any other level of socio-economic disadvantage ($p > 0.05$; Figure 12 and Figure 13). This was also the case for Indigenous status ($p > 0.05$; Figure 12 and Figure 13).

The likelihood of providing care for a member or non-member of the household for people living in outer regional and remote areas was not statistically different compared to people living in major cities ($p > 0.05$; Figure 12 and Figure 13). However, people who lived in inner regional areas had higher odds of being a carer for a person outside the household compared to people living in major cities ($p < 0.05$; Figure 12), but were just as likely to be caring for a household member ($p > 0.05$; Figure 13).
Figure 12: Predicted probability of caring for a person in the household, population aged 15+

Source: Based on logistic regression from HILDA 2013 data, n = 17,269

Notes: Results based on responding person file results, including all control variables above.

1 Regression based on individuals aged 15 and over
2 Kessler 10 category of level of psychological distress
3 Socioeconomic Index for Areas: quintile of relative disadvantage

Figure 13: Predicted probability of caring for a person outside the household, population aged 15+

Source: Based on logistic regression from HILDA 2013 data, n = 17,269

Notes: Results based on responding person file results, including all control variables above.

1 Regression based on individuals aged 15 and over
2 Kessler 10 category of level of psychological distress
3 Socioeconomic Index for Areas: quintile of relative disadvantage
Safety

Community safety and social cohesion go hand in hand. While social cohesion improves perceived safety by fostering trust and interpersonal relationships, safety also contributes to a more cohesive society. Community violence indeed hinders the formation of social connections and individuals’ participation in the community (Chinchilla, n.d.).

In 2013, according to HILDA data, 3.3% of the population aged 15 and over was a victim of a property crime in the previous 12 months (see Figure 14).

This is significantly lower ($p < 0.01$) than in 2006, when 4.9% of the population reported the same. Similarly, the proportion of people who reported on the HILDA survey being a victim of physical violence in the previous 12 months also significantly decreased between 2006 and 2013 (1.47% and 1.02% respectively; $p < 0.01$).

Figure 14: Proportion of population aged 15+ who were the victim of a property crime or physical violence in the previous 12 months

<table>
<thead>
<tr>
<th>Year</th>
<th>Property Crime</th>
<th>Physical Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>4.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>2011</td>
<td>3.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>2013</td>
<td>3.3%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: Household, Income and Labour Dynamics in Australia Survey (HILDA), 2006-2013

The overall decreasing proportions of people who have been victims of crime and physical violence are reflected in the level of satisfaction with how safe people feel, which increased between 2001 and 2013 (Figure 15).

According to 2013 HILDA data, on a scale of 0 to 10, where 0 is completely dissatisfied and 10 is completely satisfied, the mean level of satisfaction was 8.24, a significant increase from 7.86 in 2001 ($p < 0.01$).
However, the probability of being the victim of property crime differed for different population groups (see Figure 16). In 2013, according to analysis of HILDA data, the odds of being a victim of property crime were significantly lower for those aged 65 and over compared to those aged 25 to 64 (p < 0.01). They were also significantly lower for women than men (p < 0.05).

On the other hand, the odds of being a victim of property crime were significantly higher for people with very high levels of psychological distress, compared to those with low psychological distress (p < 0.01).
Similarly, while very small proportions of the population reported being the victim of physical violence, this differed greatly among groups (Figure 17).

Young people aged 15 to 24 years had significantly higher odds of experiencing physical violence compared with 25 to 64 year olds (p < 0.05), while older people aged 65 and over had significantly lower odds of experiencing physical violence (p < 0.01) compared to the same group.

Psychological distress was significantly associated with the odds of experiencing physical violence, with the odds increasing the higher the level of psychological distress reported. It is unclear, however, whether psychological distress may put a person at greater risk of experiencing violence or whether the violence itself may be the cause of their distress. Likewise, people with a disability were significantly more likely to experience physical violence compared to people without a disability (p < 0.01). Finally, living in the most disadvantaged areas (1st SEIFA quintile) was also associated with higher odds of being a victim of physical violence (p < 0.05), compared to areas of median disadvantage.

No significant differences were found in relation to gender, Indigenous status and remoteness, in the probability of being a victim of physical violence.

Figure 17: Predicted probability of being a victim of physical violence, population aged 15+

Source: Based on logistic regression from HILDA 2013 data, n = 15,015
Notes: Results based on responding person file results, including all control variables above.

1 Regression based on individuals aged 15 and over
2 Kessler 10 category of level of psychological distress
3 Socioeconomic Index for Areas: quintile of relative disadvantage
So what?

We are:

- Having less face-to-face social time with our family and friends on a regular basis
- Experiencing slightly less social isolation
- Experiencing lower rates of physical violence

However, some population groups are vulnerable across a range of social cohesion indicators. These groups include:

- People with a disability
- People experiencing high levels of psychological distress
- Indigenous people

We need to think more about:

- Whether expectations around social relationships may be changing – given changing patterns of socialisation coupled with stable satisfaction levels with relationships
- The experience of social cohesion for people experiencing multiple vulnerabilities
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