



COMMUNITY WELLBEING MONITOR



Understanding wellbeing

The concept of wellbeing, like happiness, can at first glance seem fuzzy and subjective: difficult to define and even more difficult to measure. However, over recent years, there has been substantial progress into understanding what contributes to a person's, and a community's, sense of wellbeing. Though these efforts, we now understand that wellbeing is affected by a set of common, concrete factors (often referred to as Wellbeing Indicators) which can be identified, measured and developed.

For example, South Australian Thinker in Residence for 2012–2013, Dr Martin Seligman¹, has developed an influential model of wellbeing, which identifies that wellbeing is determined by the following factors: **Positive emotion, Engagement, Relationships, Meaning and purpose, Accomplishment (PERMA)**.

Dr Seligman's PERMA model affirms that by enhancing these areas of our lives, our overall wellbeing will increase, and we will feel a sustained sense of flourishing in our lives. The basic elements of Dr Seligman's theory of wellbeing have commonalities with other theories proposed throughout history – Aristotle, for example, understood that the ability to flourish (*eudemonia*) is central to a complete, happy, 'successful', and meaningful life. A wider review² of recent wellbeing theory and models emphasises the following common factors as important to wellbeing: ***good physical and mental health; a feeling of safety; a sense of belonging, identity and esteem, community participation and social connections; civic and economic participation; opportunities for self-actualisation.***

The factors that influence wellbeing are interrelated. For example, positive relationships not only provide happiness and a sense of belonging, they can also provide support in times of need (resilience) and open doors to life opportunities (which in turn can provide a sense of meaning and accomplishment). Similarly, a job provides not just money but also purpose, goals, friendships and a sense of belonging.

Wellbeing is not only affected by one's individual outlook and personal resilience, but also by societal factors. Our ability to remain resilient, and opportunities to prosper, can differ significantly according to our environment and the opportunities afforded to us in life. Societal barriers to one's ability to achieve wellbeing may include a material lack of wealth, family conflict, poor educational outcomes, unemployment, marginalisation and discrimination, and lack of personal/social contacts. Addressing these societal barriers to wellbeing, and ensuring that everyone is included and supported on an equitable basis, is essential if we are to build Community Wellbeing.

A community with a high level of wellbeing is one that is welcoming and inclusive, with a strong community spirit. It is one where all members of the community are connected and engaged, and have the support they need to be healthy, safe and resilient in difficult times. It is a community where everybody is empowered to build on their strengths, seize opportunities and lead happy, meaningful and prosperous lives.

¹ Seligman, M., 2011, 'What is well-being?', University of Pennsylvania. Accessed at: <<http://www.authentic happiness.sas.upenn.edu/newsletter.aspx?id=1533>>

² See, for example: Drabsh, T., 2012, 'Measuring wellbeing', NSW Parliamentary Research Service, Briefing paper no. 4/2012; and, Community indicators Victoria, <http://www.communityindicators.net.au/measuring_wellbeing>

Measuring wellbeing

Because the measurement of wellbeing enables the identification of community strengths and vulnerabilities, and provides an holistic (social) understanding of a community's level prosperity and progress, wellbeing measurement has become an important element of the policy development process in many Councils across Australia. As well as providing important insights into how a community is faring, the measurement of wellbeing also supports an outcomes-oriented approach to programme development, as it ensures that we are focussing strategically on those factors that affect people's wellbeing.

“What you measure affects what you do. If you don't measure the right thing, you don't do the right thing”

– Joseph Stiglitz



The Community Wellbeing Monitor serves three purposes:

- It is a reporting tool, enabling the tracking of progress and the identification of community strengths and vulnerabilities.
- It is an evidence-based policy tool, used to guide the development of policies and programmes in a way that is targeted and outcomes-oriented.
- It is a communication tool, which can be used to engage the community and other service providers in discussions about shared goals and priorities.

Wellbeing model

The Community Wellbeing Monitor is based on the wellbeing model developed for the Community Services Framework. The Community Services Framework provides an overarching strategic focus to guide the City of Charles Sturt in its work to build community wellbeing. To achieve this, the Framework identifies three Focus Areas (and associated Wellbeing Indicators) as building blocks of wellbeing:

- Focus Area: Connected
- Focus Area: Engaged
- Focus Area: Healthy, Active and Safe

The Community Services Framework's Focus Areas provide a model not only for building wellbeing, but also for measuring wellbeing. For each of the Community Services Framework's Focus Areas, a number of Wellbeing Indicators have been identified.

Community Wellbeing Indicators allow us to build and measure wellbeing, by breaking down the concept of wellbeing into more concrete elements.

By measuring these Wellbeing Indicators using relevant data sources, we will be able to gauge how Connected, Engaged, and Healthy, Active & Safe our community is.

Focus Area: Connected	Indicators
A connected community is one where everyone can access the services they need, and build the networks of support and friendship that provide resilience and wellbeing. A connected community is also collaborative – where all stakeholders work together to address needs in a holistic manner and reach those who may be isolated or disengaged.	Bonding connections: People have strong networks of support from family, friends and neighbours.
	Bridging connections: People are connected cross-culturally and inter-generationally, and new residents feel welcome.
	Service accessibility: Services are accessible, responsive to need and coordinated across providers.

Focus Area: Engaged	Indicators
Engagement in community development programmes and participation in local community groups and clubs, can offer a sense of meaning and purpose, and can build the skills and networks which open doors to life's opportunities. Through engagement, people build a sense of ownership and pride in their community, and are empowered to contribute to collective action on local solutions.	Volunteering: The community has a strong culture of volunteering.
	Community participation: People are regularly participating in groups, clubs and community development programmes.
	Active Citizenship: Citizens are civically engaged and contributing to decision-making.
	Learning and Earning: People are engaged in education, employment and life-long learning.

Focus Area: Healthy, Active & Safe	Indicators
A Healthy, Active & Safe community is one in which positive mental and physical health is promoted and made possible through a supportive social and physical environment, enabling all community members to remain resilient and active through all stages of life. A Healthy, Active & Safe community is also one in which everyone feels safe and secure.	Active ageing: Older residents are able to age in place and continue to participate in the community.
	Healthy lifestyles: People are physically active and maintaining healthy diets.
	Public safety: People feel safe in their community.

Measures and data sources

The Community Wellbeing Monitor monitors our community's wellbeing by identifying and analysing 'measures'. The 'measures' and data sources have been selected on the basis that they are highly relevant to the specific indicator being measured, they are measurable, have clear and practical meaning, are grounded in theory, and balance objective and subjective measures.

Emphasis is also placed on the ability to look at trends by benchmarking indicators over time, however this cannot be guaranteed, given that the ability to measure trends relies upon third-parties updating the data sources at regular intervals. To reduce the risk of data from one source becoming out-of-date, multiple 'measures' have been identified for each indicator, and multiple data sources have been identified for each measure (where available). It is also envisaged that analysis of the indicators will draw upon other relevant data and research as it becomes available.

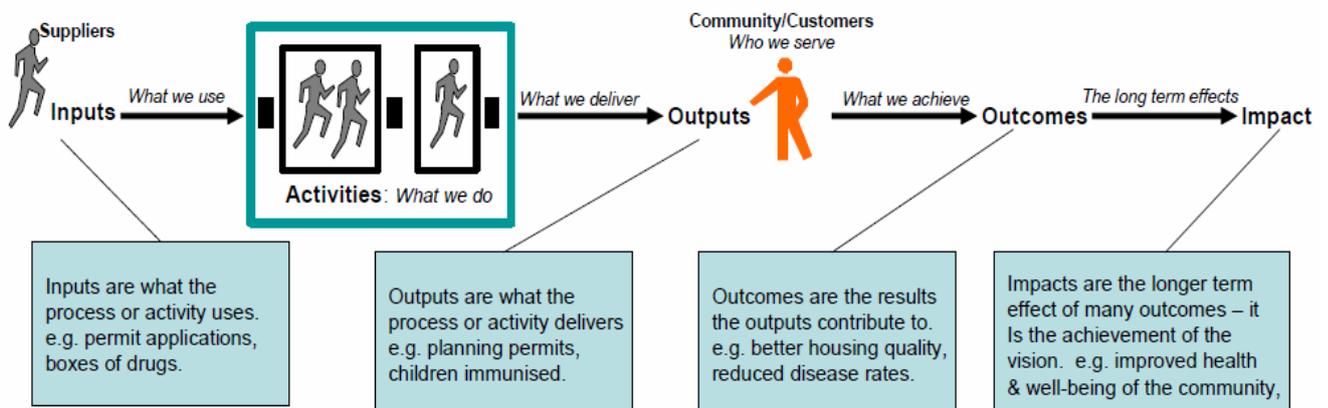
Using the Community Wellbeing Monitor

By identifying and measuring appropriate data for each indicator, the Wellbeing Monitor provides an insight into how the community is faring and trending over time in relevant areas. This information will enable us to identify where our community's strengths and needs lie, and will help us to target our services – we can build on our strengths to increase prosperity, and address areas of vulnerability to increase resilience.

Because our community's wellbeing is influenced by a wide range of factors, achieving improvements in wellbeing indicator outcomes will require a collective effort from all stakeholders: the community, non-government service providers, federal and state government, enterprise, as well as local government. We can utilise our broad range of roles and functions as a council to assist in the progress of collective efforts.

Because of the role that collective action plays in determining the level of a community's wellbeing, the Wellbeing Monitor cannot tell us how our work specifically contributes to changes in the status of a Wellbeing Indicator. We can and do, however, measure how successful our own programmes have been in that particular area. So, for example, while we can measure whether there has been an increase in the number of volunteers participating in Council programmes, we cannot know for certain how much this is reflected in the overall community volunteering rate, because we are only one volunteer provider. Similarly, Council may have partnered with the State Government to run a campaign to promote the benefits of volunteering, and the contribution of this joint effort may also have influenced changes in the volunteering rate.

Nonetheless, the Wellbeing Indicator status gives us an important guide as to where to target our efforts, and whether our collective efforts are moving in the right direction. Looking at the below spectrum of performance measurement, the Community Wellbeing Monitor measures 'Impact'³.



The City of Charles Sturt has a range of roles and functions that it can apply to assist in building community wellbeing through collective action:

- Leading by example
- Facility owner
- Service provider
- Advocating for the community
- Partnering to deliver outcomes

³ Diagram sourced from: Victoria Corporate Planner's Network, 2006, 'A guide to achieving a whole of organisation approach to best value', Local Government Professionals Inc., Department for Victorian Communities, Local Government Best Value Commission, p. 17.

A guide to the symbols

The Community Wellbeing Monitor compares data for the City of Charles Sturt over time and against the South Australian average (or, where available, the Adelaide metropolitan average). Depending on these comparisons, a 'traffic light' rating is assigned to each data measure.

In this way, the Wellbeing Monitor assesses the relative (or 'comparative') performance of the City of Charles Sturt. This is a less subjective way of measuring performance, as it does not involve making a subjective (or opinion based) statement about whether a particular outcome is positive or negative in itself.

For example, in assessing the level of trust in the community, one data source revealed that 90.8% of Charles Sturt residents feel that people in their neighbourhood can be trusted. The Wellbeing Monitor does not state whether this result itself is high, low or adequate. Instead, it objectively compares this result with previous results and with the state average to determine whether the City of Charles Sturt is trending positively or negatively against previous results, and whether it is higher or lower than the state average.

These comparisons will determine the colour of the traffic light. There are six potential traffic light colour combinations, as explained below:

-  *Improved performance over time and/or better than SA/metropolitan average result*
-  *Declining performance over time and/or worse than SA/metropolitan average result*
-  *Steady performance over time and/or similar to SA/metropolitan average result*
-  *Improved performance over time but below SA/metropolitan average result
(or declining performance over time but better than SA/metropolitan average result)*
-  *Improved performance over time and similar to SA/metropolitan average result
(or steady performance over time and better than SA/metropolitan average result)*
-  *Declining performance over time but similar to SA/metropolitan average result
(or steady performance over time but worse than SA/metropolitan average result)*





COMMUNITY WELLBEING MONITOR

Connected

Bonding connections

Goal: People have strong networks of support from family, friends and neighbours.

Measures	Status
Able to get help in times of crisis	 Lower than Adelaide average and trending negatively
Data and Analysis	
<p>Able to get help in times of crisis The PHIDU Population Health Profile (2013) for Charles Sturt finds that 91.7% of Charles Sturt Residents are able to get help in times of crisis, compared with an Adelaide metro average of 91.9%.</p> <p>The DCSI Indicators of Community Strength Survey (2013) finds that 91.6% of Charles Sturt residents can get help from family, friends or neighbours, compared with 94.5% in 2007, when the survey was last undertaken. The State average for 2013 is 92.8% (94.3% in 2007).</p> <p> The above two datasets demonstrate a lower than State/Adelaide average and a negative trend for this measure.</p>	

Bridging connections

Goal: People are connected cross-culturally and inter-generationally, and new residents feel welcome.

Measures	Status
Acceptance of other cultures	 Lower than Adelaide average
Levels of trust in the community	 Higher than the State average and trending positively
Data and Analysis	
<p>Acceptance of other cultures The PHIDU Population Health Profile (2013) for Charles Sturt finds that 5.1% of Charles Sturt residents disagree or strongly disagree with acceptance of other cultures, compared with 4.4% for the Adelaide metropolitan average.</p> <p> Disagreement with acceptance of other cultures is higher than the Adelaide average.</p> <p>Levels of trust in the community DCSI Indicators of Community Strength Survey (2013) finds that 90.8% of Charles Sturt residents feel that people in their neighbourhood can be trusted, compared with 85.2% when measured in 2007. The 2013 State average for this measure is 87.3% (86% in 2007).</p> <p>The Health of South Australian Adults by PROS reveals that, during the period from January 2011 to December 2013, 80.2% of Charles Sturt adults feel that people generally trust one another in their neighbourhood, compared with 79.6% for the State average.</p> <p> The above two datasets show that the level of trust among Charles Sturt residents is above the State average, and is trending positively.</p>	

Service Accessibility

Goal: Services are accessible, responsive to need and coordinated across providers.

Measures	Status
Have difficulty accessing services	 Similar to the Adelaide average
Problems with accessing transport	 Higher than the State average
People rate their community's services and facilities positively	 Higher than State average and trending positively

Data and Analysis

Have difficulty accessing services

PHIDU Population Health Profile (2013) for Charles Sturt finds that **25.9%** of Charles Sturt residents have difficulties accessing services. This compares with **26%** for the Adelaide average.

-  Compared with the Adelaide average, a similar proportion of Charles Sturt residents have difficulty accessing services.

Problems with access to transport

The Health of South Australian Adults by PROS reveals that, during the period from January 2011 to December 2013, **11.6%** of Charles Sturt adults had a problem with accessing transport sometimes or all of the time, compared with **10.6%** for the State average.

-  A higher rate of Charles Sturt adults have difficulties accessing transport than the State average.

People rate their community's services and facilities positively

DCSI Indicators of Community Strength Survey (2013) finds that **90.9%** of Charles Sturt residents rate their community from good to excellent in terms of services and facilities, compared with **88.5%** when measured in 2007. The 2013 State average for this measure is **85.8%** (**86.1%** in 2007).

-  The satisfaction of Charles Sturt residents with services and facilities has been increasing, and remains well above the State average.

Engaged

Volunteering

Goal: The community has a strong culture of volunteering.

Measure	Status
Community-wide volunteering rate	 Trending steadily but significantly lower than the Adelaide average
Number of Council volunteers	 Trending positively

Data and Analysis

Community-wide volunteering rate

ABS Census data for 2011 reveals that **15.3%** of Charles Sturt residents reported doing some volunteer work in 2011. This represents a very slight increase since 2006 (**15.1%**). The Adelaide average for 2011 was **17.7%** (**18.1%** in 2006).

 Although Charles Sturt's volunteering rate has increased slightly, while the Greater Adelaide rate has decreased, Charles Sturt's volunteering rate remains significantly lower than the Adelaide average.

Number of Council volunteers

The number of active Council volunteers at the end of the 2013/14 financial year was **494**, with **34,640** volunteer hours recorded for the 2013/14 year. This compares with **457** volunteers and **30,240** hours in 2012/13. This represents an increase of volunteers by **8.1%** and an increase of hours by **14.5%**.

 The number of active volunteers and volunteer hours has been increasing.

Community participation

Goal: People are regularly participating in groups, clubs and community development programmes.

Measure	Status
Membership of local groups and clubs	 Lower than State average and trending negatively
Involvement in activities at children's school	 Lower than State average and trending negatively
Attendance at Community Centres	 Trending positively

Data and Analysis

Membership of local groups and clubs

DCSI Indicators of Community Strength Survey (2013) reveals that **37.6%** of Charles Sturt residents are members of an organised group in their local community, compared with **39.1%** when surveyed in 2007. The 2013 State average for this measure is **38.9%** (**41.5%** in 2007).

 Membership of local groups and clubs in Charles Sturt has decreased since 2007, and remains

below the State average.

Involvement in activities at children’s school

DCSI Indicators of Community Strength Survey (2013) finds that **62.8%** of Charles Sturt residents are actively involved with activities in their children’s school, compared with **63.3%** in 2007. The 2013 State average for this measure is **65.6%** (**63.3%** in 2007).

-  Involvement in activities at children’s school in Charles Sturt has decreased since 2007, and remains below the State average.

Attendance at Council Community Centres

Participant contacts across Charles Sturt’s five Council Community Centres during the 2013/14 financial year was **108,446**, compared with **80,697** for 2012/13 – an increase of **34.4%**.

-  Attendance at Council community centres has been increasing.

Active citizenship

Goal: Citizens are civically engaged and contributing to decision-making.

Measure	Status
Votes cast in local government elections	 Number of votes cast has reduced slightly, and the rate remains below the State average
Membership of decision making committees	 Lower than State average and trending negatively
Involvement in local issues	 Consistent with the State average and trending positively

Data and Analysis

Votes cast in local government elections

In the 2010 Local Government Elections, **23,504** persons voted in Charles Sturt, representing **31.2%** of people on the electoral roll. This compares with **23,669** persons in the 2006/07 elections (representing a lower rate (**27.9%**) due only to a greater number of enrolled persons in that year). The State average rate in 2010 was **32.9%** (**31.6%** in 2006/07).

-  The total number of votes cast in the last two Charles Sturt Council elections has reduced slightly. Although the voting rate in Charles Sturt has increased (due to a reduction in the number of eligible electors), the rate remains below the State average.

Membership of decision making committees

DCSI Indicators of Community Strength Survey (2013) reveals that **11.9%** of Charles Sturt residents are on a decision making board or committee, compared with **16.7%** when surveyed in 2007. The State average for this measure is **17.5%** (**17.8%** in 2007).

-  Membership of decision making committees in Charles Sturt has decreased since 2007, and remains well below the State average.

Involvement in local issues

DCSI Indicators of Community Strength Survey (2013) found that **39.9%** of Charles Sturt residents have been involved in community issues (in the previous 12 months), compared with **22.9%** when surveyed

in 2007. The State average for this measure is **39.9%** (**29.8%** in 2007).



Involvement in local issues in Charles Sturt has increased significantly, and is now equal to the State average.

Learning and earning

Goal: People are engaged in education and employment and life-long learning.

Measure	Status
Year 12 completion rate	 Trending positively but remains slightly below the Adelaide average
Attainment of degree-level qualifications	 Trending positively but remains below the Adelaide average
Unemployment rate	 Better than Adelaide and region rates, but trending negatively

Data and Analysis

Year 12 completion rate

ABS Census data for 2011 shows that **45.7%** of Charles Sturt residents have completed Year 12 or equivalent, compared with **39.2%** in 2006. The 2011 Adelaide average for this measure is **47.1%** (**41.7%** in 2006).



Although this measure is trending positively, the Charles Sturt rate remains slightly below the Adelaide average.

Attainment of degree-level qualifications

ABS Census data for 2011 reveals that **16.4%** of Charles Sturt residents have attained a Bachelor's degree or higher, compared with **12.4%** in 2006. The Adelaide average for this measure is **18.2%** (**14.8%** in 2006).



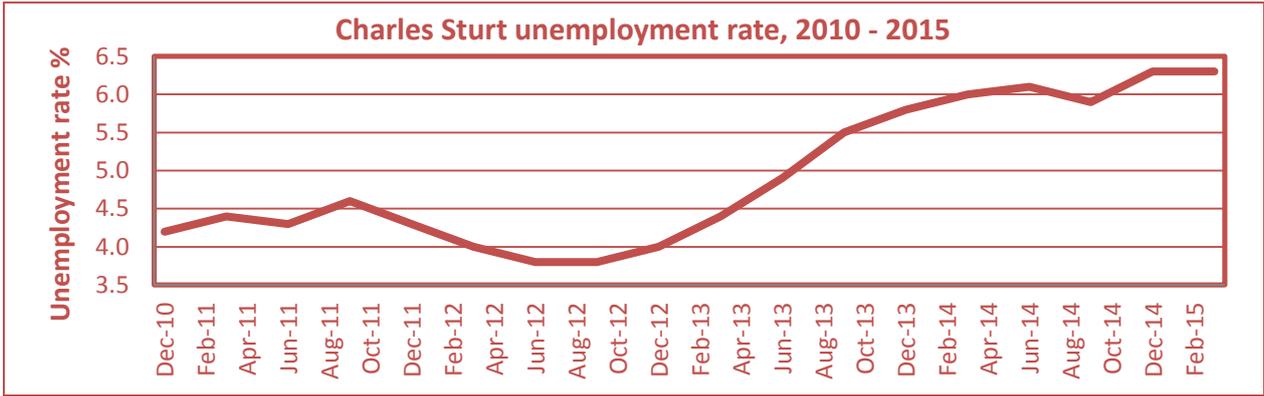
Although this measure is trending positively, the Charles Sturt rate remains below the Adelaide average.

Unemployment rate

The DEEWR Small Area Labour Markets data reveals that the City of Charles Sturt's unemployment rate for the March 2015 Quarter was **6.3%**. This compares with a Greater Adelaide rate (May, 2015) of **7.1%**, and a Western Adelaide region rate (May 2015) of **7.6%** (as reported in the ABS Labour Force Survey).



Despite Charles Sturt's low unemployment figures relative to the rest of the Adelaide and Western Adelaide regions, Charles Sturt's unemployment rate has increased significantly since 2010, as illustrated in the following graph.



Healthy, Active & Safe

Active ageing

Goal: Older residents are able to age in place and continue to participate in the community.

Measure	Status
Need for assistance with day-to-day activities	 Higher than Adelaide average and trending negatively
Rate of unpaid care	 Higher than Adelaide average and trending positively
Percentage of population over 65 years continuing to live in Charles Sturt	 Higher, when compared with other age cohorts

Data and Analysis

Need for assistance with day-to-day activities

ABS Census data for 2011 reveals that **6.3%** of Charles Sturt residents require assistance with core activities, due to disability, compared with **5.8%** in 2006. The 2011 Adelaide average for this measure is **5.4%** (**4.9%** in 2006).

 Need for assistance is increasing and remains above the Adelaide average.

Rate of unpaid care

ABS Census data for 2011 reveals that **12.3%** of Charles Sturt residents provide unpaid care to a person with a disability, long term illness or old age, compared with **11.5%** in 2006. The Adelaide average for this measure is **11.8%** (**11%** in 2006).

 An increasing rate of people are providing unpaid care in Charles Sturt, and the rate remains above the Adelaide average.

Percentage of population over 65 years continuing to live in Charles Sturt

Analysis of ABS migration data reveals that **88.6%** of residents aged 65 years and over remained living in Charles Sturt between the 2006 and 2011 Censuses. This is the highest rate of any age cohort, and above the average for all ages (**81.8%**).

 A higher rate of people aged 65 years and over remained in Charles Sturt compared with the average for all age cohorts.

Healthy lifestyles

Goal: People are physically active and maintaining healthy diets.

Measure	Status
Level of physical activity	 Higher than the State average
Overall, self-assessed health status	 Lower than the State average
Rate of chronic health conditions	 Consistent with the State average
Levels of psychological distress	 Above the State average

Rate of childhood obesity		Above the Adelaide average
Rate of developmentally vulnerable children		Below the State average and trending moderately positively

Data and Analysis

Level of physical inactivity

The Health of South Australian Adults by PROS reveals that, during the period from January 2011 to December 2013, **17.5%** of Charles Sturt adults were physically inactive, while **44%** were undertaking sufficient physical activity. Across the State, **18.7%** of adults were physically inactive, and **40.3%** were undertaking sufficient physical activity.

PHIDU Population Health Profile (2013), using data from the 2007-08 National Health Survey, estimates that in 2007-08, **37.6%** of the Charles Sturt adult population were physically inactive, compared with **35.8%** for the State average. *(This data is presented for an indicative comparison of trends only, as it was gathered using a different methodology to the 'Health of South Australian Adults').*

 Compared with the State average, fewer Charles Sturt adult residents are physically inactive and more undertake sufficient physical activity.

Overall, self-assessed health status

The Health of South Australian Adults by PROS reveals that, during the period from January 2011 to December 2013, **17%** of Charles Sturt adults (over 18 years) rated their overall health as fair or poor, compared with **16.1%** for the State average.

PHIDU Population Health Profile, using data from the 2007-08 National Health Survey, estimates that in 2007-08, **16.4%** of Charles Sturt residents (over 15 years) self-assessed their health as fair or poor, which was a greater level than the State average (**15.5%**). *(This data is presented for an indicative comparison of trends only, as it was gathered using a different methodology to the 'Health of South Australian Adults' and includes those aged 15-17 years).*

 Charles Sturt adults self-assess as having poorer health compared with the State average.

Rate of chronic health conditions

The Health of South Australian Adults by PROS reveals that, during the period from January 2011 to December 2013, **39.2%** of Charles Sturt adults had one or more chronic conditions, compared with **39.4%** for the State average. During the same period, **12%** of Charles Sturt adults had two or more chronic health issues, compared with **12.3%** for the State average.

 The rate of chronic health conditions among Charles Sturt adults is consistent with the State average.

Levels of psychological distress

The Health of South Australian Adults by PROS reveals that, during the period from January 2011 to December 2013, **11.3%** of Charles Sturt adults are experiencing psychological distress, compared with **9%** for the State average.

PHIDU Population Health Profile, using data from the 2007-08 National Health Survey, estimated that in 2007-08, **13.2%** of the Charles Sturt adult population suffered from high or very high levels of psychological distress, which was above the State average of **12.1%**. *(This data is presented for an indicative comparison of trends only, as it was gathered using a different methodology to the 'Health of South Australian Adults').*

- A significantly higher rate of Charles Sturt adults experience psychological distress compared with the State average.

Rate of childhood obesity

PHIDU Population Health Profile (2013) reveals that the extent of obesity among four year old boys is **5.4%**, compared with the Adelaide average of **5.3%**. The extent of obesity among four year old girls is **4.7%** compared with the Adelaide average of **3.8%**. *(It is noted that there are large variances from suburb to suburb within Charles Sturt – from well above to well below the Adelaide average).*

- Childhood obesity rates in Charles Sturt are above the Adelaide average.

Rate of developmentally vulnerable children

The 2012 Australian Early Development Index (AEDI) finds that **22.8%** of Charles Sturt children are vulnerable on one or more domain of the AEDI, compared with **23.6%** in 2009. The 2012 AEDI finds that **10.8%** of Charles Sturt children are vulnerable on two or more domains of the AEDI, compared with **10.7%** in 2009. *(It is noted that there are large variances from suburb to suburb within Charles Sturt – from well above to well below the Adelaide average).*

The state average for vulnerability in one domain in 2012 was **23.7%**, and in 2009 was **22.8%**. The state average for vulnerability in two domains in 2012 was **12.2%**, and in 2009 was **11.5%**.

- Charles Sturt is lower than the State average on these measures has been tracking from steadily (two vulnerabilities) to positively (one vulnerability), at a time when the state average has been tracking negatively on both measures.

Public Safety

Goal: People feel safe in their community.

Measure	Status
Perceptions of safety (people feel safe in their neighbourhoods)	 Trending positively, but remains slightly below State/Adelaide average
Trends in offences recorded by police	 Trending positively, but remains above Adelaide average

Data and Analysis

Perceptions of safety (people feel safe in their neighbourhoods)

DCSI Indicators of Community Strength Survey (2013) reveals that **82.6%** of the Charles Sturt population feel safe in their neighbourhood or community, compared with **78.7%** in 2007. The State average for this measure is **84.3%** (**85%** in 2007).

The Health of South Australian Adults by PROS reveals that, during the period from January 2011 to December 2013, **91.4%** of Charles Sturt adults felt that their neighbourhood was a safe place, compared with **92.1%** for the State average.

PHIDU Population Health Profile (2013) finds that **42.6%** of the Charles Sturt population feel very safe or safe walking in their local area after dark, compared with **43.5%** for the Adelaide average.

- The above datasets demonstrate a positive trend for this measure, however Charles Sturt remains slightly below the State/Adelaide average.

Trends in offences recorded by police

The rate of offences recorded by police in the Charles Sturt area in 2012 is **124.79 per 1000** population, compared with **167.94 per 1000** population in 2008. *(It is noted that there are, however, significant variances in trends across crime types).*

The Adelaide metropolitan rate in 2012 is **118.31 per 1000** population (**157.49** in 2008).



The rate of offences recorded by police has been decreasing in Charles Sturt, but remains above the Adelaide average.

Appendix 1: Annotated bibliography of selected data sources

Department for Communities and Social Inclusion, 2013/2007, 'Indicators of Community Strength across South Australian local government areas', South Australian Government.

The Indicators of Community Strength study (2013) is the second survey of community strength across South Australia, with the first one undertaken in 2007. Information in this report was gathered from interviews with over 10,000 people from across South Australia, who provided information about their perceptions of, and involvement in, their local community. Charles Sturt's 2013 results were based on a sample size of 437 survey respondents.

With one exception, the 2013 and 2007 surveys ask the same questions, enabling analysis of trends over time.

Comparisons using this data source are made against the State average.

Population Research and Outcome Studies (PROS), 2014 (October), 'Health of South Australian Adults: City of Charles Sturt, Jan 2011 – Dec 2013, technical report, Faculty of Health Sciences, University of Adelaide.

This report provides evidence-based information to the South Australian Local Government Public Health Planning Areas about the health status, and disease and risk factor profile of their communities using a representative epidemiologically-sound sample of the South Australian population for the period January 2011 to December 2013 (South Australian Monitoring and Surveillance System).

Data for this report was collected on 16,676 South Australians and 1,131 Charles Sturt residents aged 18 years and over during the period January 2011 to December 2013. Comparisons using this data are made against the State average.

Public Health Information Development Unit (PHIDU), 2013 (November), 'Population Health Profile of the Charles Sturt Local Government Area', Local Government Association of South Australia and the University of Adelaide.

The Population Health Profile has been prepared by the LGA and the University of Adelaide to support the City of Charles Sturt in the preparation of its Public Health Plan. The document contains a selection of indicators of public and population health and their determinants, drawn largely from data published by the Public Health Information Development Unit (PHIDU) – University of Adelaide, as part of the Social Health Atlases series (available online at www.publichealth.gov.au).

Comparisons using this data source are made against the Adelaide and State average; however for greatest relevance, the Adelaide average is cited in this Wellbeing Monitor.

Social Research Centre, 2013, 'Australian Early Development Index', Social Research Centre, Royal Children's Hospital Centre for Community Child Health, the Murdoch Children's Research Institute and the Telethon Institute for Child Health Research, Melbourne.

The Australian Early Development Index considers children's physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge. In 2012, AEDI Checklists were completed on 289,973 children in their first year of full-time formal school, including 1116 children in the City of Charles Sturt.