

Family, community and social cohesion

Family and community are important aspects of society, but the way in which they contribute to progress is difficult to define and measure. The quality and strength of people's relationships and bonds with others – their family, friends and the wider community – are important ingredients of the level of social cohesion. And a more cohesive society is one in which communities are strong and inclusive, and where fewer people fall through the cracks.

Rather than present a single indicator, this commentary presents some measures which illustrate aspects of family and community life in Australia, particularly those that are important to social cohesion.

People are social beings. They require love, companionship and agreeable engagements with others to flourish. The absence of family, friendship or other caring or cooperative social relationships at any stage of life, but particularly when people are least able to care for themselves, can have a serious impact on personal wellbeing. And there are often high costs to the wider community associated with assisting people with poor or broken social relationships.

People's relationships and bonds with one another – be it their family, friends or the wider community – together with their shared values contribute to social cohesion. Families provide guidance on the social values underlying civil society and the care generated within the family supports the development of healthy functioning individuals. The vast range of services provided within communities by groups, clubs and charitable organisations are a crucial adjunct to support the role of the family. Some community care and support functions are provided by governments because the scale and complexity of the service is beyond families or communities to provide.

The discussion here focuses on the contribution that family and community functioning makes to social cohesion. There is no single indicator that captures all that might be important. Therefore, a selection of indicators is presented that paints a picture of the way our families and communities function, and the cohesiveness of Australian society.

Bonding: Families and family functioning

The family can be seen as the wellspring from which some of the dimensions crucial to social cohesion develop, such as trust, social support and the extension of social networks. It is the place where, through the everyday performance of family life, people make an enormous contribution to those who require special assistance. Care, nurture and economic support are usually provided by related people who live in the same house – by fathers, mothers, spouses and siblings. Most families also interact beyond the bounds of a single household. Parents who separate or divorce can still provide support and continue to raise children

Social capital and related concepts

Social capital consists of networks, together with shared norms, values and understandings which facilitate cooperation within and among groups. It is a contributor to community strength, and can be accumulated when people interact with one another formally and informally, for example informal interaction with family and friends and formal interaction in groups and organisations in the wider community.¹

There are many ways to examine social capital. In relation to progress, we have chosen to focus on the cohesiveness of Australian society. *Social cohesion* refers to the social ties and community commitments that bind people together.² In part, it depends on a balance of bonding, bridging and linking ties.

Bonding – These are your closest relationships with family and friends, often people like you. It produces strong 'in-group' loyalty.³ Bonding ties are described as strong ties that develop between people of similar background and interests, usually including family and friends, provide material and emotional support, and are more inward-looking and protective.

Bridging – These are relations with friends, associates and colleagues with different backgrounds, for example different socio-economic status, age, generation, race and ethnicity.³

Linking – refers to the relations within a hierarchy of different social layers, where power, social status and wealth are accessed by different groups.⁴ Linking social capital involves relationships with those in authority and positions of power and is useful for gathering resources.⁵ Relationships between the government and communities are included here.

Social exclusion is a form of social disadvantage encompassing economic and non-economic factors. Excluded individuals and groups are separated from institutions and wider society, and consequently from both rights and duties.⁶

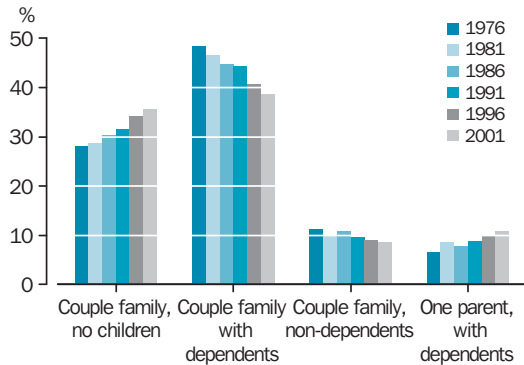
Desired directions of change

Well established research suggests that there are positive health outcomes, such as greater longevity, from having high quality relationships with close family members and friends. It also suggests that other aspects of life (such as employment outcomes) are better for people with wide social networks.¹

Families have long been viewed as the core social unit that serves to maintain people's welfare. Over recent decades, the emphasis of debate has shifted from the maintenance of the ideal family form (earlier viewed as the so-called traditional family involving a married couple and their children), to one in which the quality of relationships between family members, irrespective of form, is viewed as being more important. Yet, to members of the community who hold traditional values, the decline of traditional family structures may be viewed as regress.

While views about ideal levels of social cohesion vary, for some aspects of social cohesion there is likely to be general agreement that change in a particular direction is good or bad. For instance, most would agree that decreases in the suicide rate, in the incidence of drug-induced deaths, or in the level of homelessness, represent improvements. But for many other aspects of social cohesion, the choice and interpretation of indicators may be problematic.

Selected family types within a household(a)



(a) One parent families with non-dependents and other families (e.g. siblings only) are not shown here.

Source: De Vaus 2004, using ABS Census data

who may not live with them. Parents may also provide financial and in-kind support to adult children living away from home. And families can provide care and support, such as meals or transport, for their elderly or disabled relatives who live elsewhere. It is difficult to measure this complex web of interactions, so in many ABS and other collections the unit of observation is the members of a family living within the same dwelling.

According to the 2001 Census of Population and Housing, 83% of people lived in a household with members of their family, 3% lived in group households, 9% lived alone, less than 1% were boarders living in a family home, and 4% were residing in institutions such as prisons, nursing homes, and hostels.

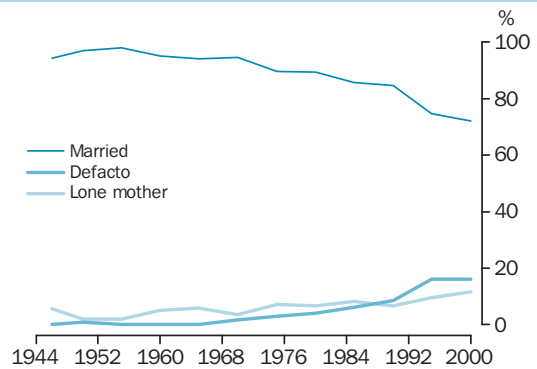
Types of families in Australia

Over recent decades there have been extensive changes in the way families are structured and function. These trends have a range of social implications. Later partnering, later child bearing and the tendency to have fewer children have implications for the size and age profile of the population. The increasing propensity for people to live alone has implications for housing and support.

Largely due to the ageing of the population creating ‘empty nesters’, but also including trends towards later child bearing and childlessness, since 1976 the proportion of couples without children in the household has increased from 28% to 36%. In 2001, 70% of people in couple families without children in the household were aged over 45.⁷

While couple families are the most common family type, there have been increases in the proportions of one parent families over recent decades. One parent families with dependent children have increased from 7% of families in 1976 to 11% in 2001. The growth in one parent families and couples without children means that couple families with children make up a smaller proportion of all families. In 1976, couples with

Family type into which children are born



Source: HILDA, 2001⁷

children of any age in the household made up 60% of all families. By 2001, it had fallen to 47% of all families.

Assuming these trends continue, by 2021 the most common family type is projected to change from couples with children to couples without children. Lone person households will also become more common. The number of lone person households is projected to increase from 1.6 million households in 1996 to between 2.4 million and 3.4 million households in 2021, increasing from 9% of the population to between 11% and 15% of the population.⁸

Transitions for children

There is considerable interest in determining whether families are undergoing more transitions than in the past and what the implications of this might be. The impact of divorce and family breakup on families is of concern, as is the quality of relationships between children and parents, and children and step-parents.⁹

Due to the greater diversity of family types and the changing nature of family structures, many children are likely to experience a range of living arrangements during their childhood. In the 1950s, 2% of children were born to unpartnered mothers; by 2000 this was 12%. Since the 1970s, the proportion of children born into defacto married couple families rose from 2% to 16%. There has also been an increase in the proportion of children living in two different family living arrangements in the course of their childhood. Research based on the HILDA survey shows that 6% of children born in 1946–55 experienced two living arrangements. For the children born in 1981–85 it was 16%. Of children born in 1981–85, 11% experienced three or more living arrangements. This was an increase from 2% since the group of children born in the earlier post-war period.¹⁰

One of the impacts of increasing family diversity and increases in family transitions is to create fewer families where children live with both natural parents. The proportion of intact families with children under 18 has declined from 76% in 1992, falling to 72% in 1997 and 71% in 2003.¹¹ Over the same period, while the proportions of

Proportion of children ever in lone mother family by birth cohort(a) – 2001

Birth cohort	Due to		Total
	At birth	parental separation(b)	
1946–55	2.6	6.3	8.9
1956–62	3.2	7.8	11.0
1963–75	3.0	15.0	18.0
1976–80	3.8	18.4	22.2
1981–85	6.5	18.4	24.9

(a) By age 15. (b) This category is the difference between the proportion of children in total ever in lone mother family and the proportion of children in a lone mother family at birth.

Source: HILDA, 2001¹²

step families and blended families with children under 18 stayed fairly steady (at around 4% for step families and 3% for blended families), the proportion of one parent families grew.

Of the group of children born in 1981–85, 25% have lived in a lone mother family at some stage by age 15. This has risen from 9% of children born in 1946–55. Lone parents are more likely to be at risk of disadvantage in a number of areas, and this is discussed in the article *Multiple disadvantage* in MAP 2004. They have higher levels of unemployment, they are more likely to experience financial hardship, and to be the victim of an assault or break-in than people in couple families.

Divorce and separation of couples is a disruption to family life. In some cases, there is family conflict before, during and after the transition. For others, conflict is reduced once the divorce or separation has taken place. In some families, the divorce or separation is managed so as to minimise the negative impacts on family members, particularly children. Nonetheless, the process of adjusting to the new family circumstances can take differing lengths of time, with some adults and children feeling stressed by the divorce or separation years after it occurred.

Researchers have suggested that there is an increase in the risk of poor outcomes for children who experience such family related transitions.¹³ However, research also suggests it is family processes such as showing warmth, loving care, good parent-child relationships and monitoring children's behaviour which are important for outcomes, and these family processes can be largely independent of family structure.¹⁴

Stress to families

Families and communities play a key role in raising capable and functioning people. When considering the relationship of the family to progress it might be ideal to find indicators which measure how effectively families undertake this role. Such data are difficult to collect, although some key outcomes of family life, such as whether people behave well in society, or achieve good educational and work outcomes are measured by other

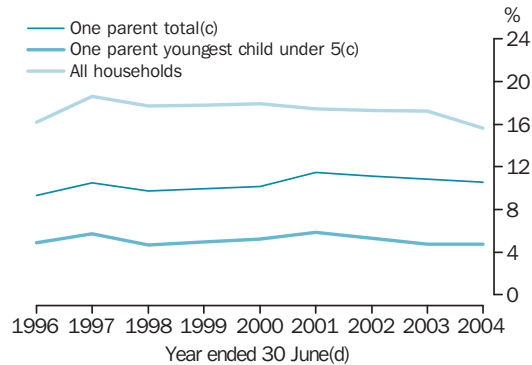
indicators in this publication (*Crime, Work, and Education and training*).

There are stresses which can threaten the optimal functioning of the family unit. Families can experience a range of pressures: the dissolution through relationship breakdown has already been discussed. Other factors widely regarded as key include: the quality of parent-child relationships (both resident and non-resident), financial stress, conflict between parent figures, parental mental health and substance use, and abuse or neglect of children.¹⁵

A family cohesion indicator is a measure of the quality of relationships and the quality of the social environment in which children are being raised. In the 1998 Child and Adolescent component of the ABS Mental Health Survey, parents were asked to rate their family's ability to get along with one another on a five point scale from 'poor' to 'excellent'. Most families reported high levels of family cohesion (93% of intact families reported good to excellent, as did 88% of blended families and 87% of lone parents).¹⁶

Feeling pressed for time is an important stressor to family life. Parents with young children feel the greatest amount of time pressure. In 1997, according to the ABS Time Use Survey, over 60% of mothers living in couple relationships, with a youngest child aged 0–4 years old, felt very pressed for time. For fathers in the same family type, it was 52%. The reporting of feeling time stressed decreased as children aged, with 48% of mothers and 34% of fathers in couple families, whose youngest child was aged 15–24 years old reporting feeling very pressed for time. By the time the children were over 25 years of age, 35% of mothers and 23% of fathers reported feeling very time stressed. For fathers this was in line with the experience of adults who live in households with no children present.¹⁷

The job of raising children is complex. And if one or both parents suffer from illness or psychological distress, this may result in poor outcomes for children.¹⁸ In the 2004–05 ABS National Health Survey, 14% of mothers and 9% of fathers in couple families reported high or very high psychological distress. For lone mothers the proportion expressing high or very high psychological distress was almost double that of mothers in couple families (24%). While some mothers with very young children suffer from post-natal depression, the proportion of mothers with children younger than five reporting high or very high psychological distress was much the same as that for mothers with children aged 10–14 (17% and 18% respectively).

Children(a) without an employed parent(b)

a) Those less than 15 years of age. (b) Refers to the labour force status of parent(s) living in the same household as the children at the time of interview. (c) As a proportion of all households. (d) No survey was conducted in 1998–99 and 2001–02.

Source: *Surveys of Income and Housing*.

Children without an employed parent

Children living without an employed parent are of concern, both because the joblessness is an indicator that the children may be at greater risk of experiencing financial hardship and because the joblessness may also have impacts on their long-run personal development. The number of children living without an employed parent is related in part to the structure of the labour market, and in part to the changing structure of Australian families.

While studies have shown that there are links between someone's childhood circumstances and adult outcomes, there is ongoing debate about the causal relationships involved. It is difficult to obtain all the data needed to fully examine the impacts of and inter-relationships between inherited capabilities, parental and other care, role-models (both parental and other), education, childhood health, and income levels. It is also important to note that while studies point to a higher incidence of poor outcomes for children from jobless households, the results do not suggest simple deterministic patterns – that is while there may be higher risks, such childhood experiences do not necessarily result in adverse outcomes.¹⁹

Since the mid-1990s, the proportion of children living without an employed parent in the same household has been relatively steady at between 16% and 18%. In 2003–04, based on data from the ABS Survey of Income and Housing, the number of children who lived without an employed parent was approximately 620,000. Around 67% of these children lived in one parent families, and approximately 36% lived in one parent families in which the youngest child was under five.

Across all family types, mothers have lower levels of labour force participation when children are young. In 2004, 52% of women with children under 5 did not participate in the labour force.

In 2003–04, of children living in lone parent families where the youngest child was under 5, 69% lived with a parent who was not employed

(that is they were unemployed or not in the labour force). For children in lone parent families where the youngest child was aged between 5 and 14, 48% lived with a parent who was not employed. In contrast, 7% of children living in couple families with the youngest child under 5 had no employed parent, while 6% of children in couple families with the youngest child aged between 5 and 14 had no employed parent.

For the parents of children under 15, those who were lone parents were more likely to want to be working than those with partners. Lone parents were more likely to be actively looking for work and if not participating in the labour force in 2004–05, almost half (48%) were more likely to indicate they would like a paid job, compared with 35% of partnered parents who were not in the labour force.²⁰

The longer term effects on children are likely to be greater if the period of joblessness is extended, and may differ depending on the circumstances of the joblessness. For example, if a parent undertakes study, the economic wellbeing of the household may be improved later on. Also, the impact of parental joblessness may be offset if other household members are employed.

Caring role of families

The care and support a family provides to individual members is a foundation for people's health and effective social functioning. Care and guidance take place within the family across the life cycle, beginning with parents (and sometimes grandparents) caring for children, and often ending with children caring for parents.

Raising children is a time consuming job. Figures from the 1997 ABS Time Use Survey indicated that parents spent on average 6.5 hours a day caring for children; for mothers this was over 8.5 hours a day while for fathers it was about 4 hours a day. The largest component (65%) was low intensity, child minding activities.

Developmental activities such as playing with children took, on average, an hour of a parent's day, with mothers and fathers spending proportionally the same amount of their child care time playing with their children (15%). On the other hand mothers spent 14% of their child care time providing such physical care as feeding, bathing, and dressing children, compared with 8% for fathers.

When mothers work outside the house, in paid employment, the contact time they have with their children reduces. On the whole, Time Use data has shown that mothers choose to maintain the time spent on developmental activities while substantially reducing low intensity, child minding activities. As mothers' hours of paid work increase, fathers increase slightly the time they spend with children in developmental activities and in low intensity care.²¹

Primary carers of the elderly and disabled – 2003

Relationship to recipient	Recipient of care	no. 2003	% change since 1998
Wife	Lives with	114,700	9
Husband	Lives with	81,000	-5
Mother	Lives with	88,600	8
Daughter	Does not live with	47,400	-1
Daughter	Lives with	40,200	10
Son	Lives with	18,800	23
Son	Does not live with	16,200	31
Other female relative	Does not live with	10,600	-3
Other female relative	Lives with	10,000	12
Father	Lives with	7,300	-30
Total(a)		474,600	5

(a) Total Includes other relationships not defined in list above.
 Source: Survey of Disability, Ageing and Carers 1998 and 2003.

Families also often care for elderly and disabled relatives. In 1998, the ABS Survey of Disability, Ageing and Carers identified that there were over 450,000 people who were primary carers. By 2003, this had increased by 5% to 474,600. A primary carer is a person of any age who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. Most of these carers (78%) lived with the person requiring care. And it is a role that most often falls to the immediate family: 91% of primary carers were either a partner, parent or offspring. While many husbands, fathers and sons do provide care, 71% of primary carers were women.

Given some of the trends outlined in this chapter and in the *Population* and *Work* chapters (ageing of the population, declining fertility rate, increased female labour force participation and relationship breakdown) there are some concerns about the future availability of primary carers.²²

Bonding: People’s contact with family and friends

Relationships with family and friends are the basis of the informal networks operating in society. Interaction is key to the maintenance of these networks and provides the opportunity to generate trust. Strong networks in turn act as a reservoir for support.

In the 2002 ABS General Social Survey, most people (95%) reported having contact in the previous week (either in person or via telephone, mail or email) with family or friends outside their household. There was little variation across age groups or between men and women. Less than 1% of people had had no contact with family or friends outside the home, in the previous month.

As discussed earlier, more people are living alone, and time spent alone has also increased. Between 1992 and 1997, the average waking time per week spent alone among people aged 15 years and over increased from a little under 18.5 to a little over 21 hours. The increases occurred in most age groups, but were typically greater among men than women, and greatest among people who lived alone.²³

Some people experience loneliness during their lifetime through the loss or absence of a significant relationship. Others experience loneliness as social isolation brought about by a lack of social networks, by not having membership of social groups, and through feeling marginalised.²⁴

Bridging: networks

Closely bonded groups perform a useful role in creating social capital, as they are most likely to be trusting, share common values, and provide material and emotional support to members of the group. For social cohesion to flourish, relationships also need to be formed with friends, associates and colleagues of different backgrounds, for example, relationships formed with people of different socio-economic status, age, generation, race and ethnicity.³

Bridging relationships are expressed through networks, which are a set of people or groups of people, with some pattern of interactions or ties between them.²⁵ The creation and maintenance of networks is based on relationships of exchange characterised by reciprocity. Reciprocity can be defined as any relationship between two people (or groups of people) where there is a giving and taking. It can be regarded as the general expectation that assistance or support may be returned at some undefined time in the future.

Reciprocity is important to social cohesion: a society in which reciprocity is strong may also encourage the sharing of support, knowledge, and ideas between individuals, groups and communities. In a community where reciprocity is strong, people care for each other's interests. The expectation of reciprocity may make people more willing to behave cooperatively or altruistically.²⁶

At this stage of social research, there are no single indicators that fully describe networks or bridging relationships. Instead, we have made a selection of indicators which shed light on some aspects of networks. For example, we consider people’s ability to access support, people’s participation in social groups such as sport and religious activities, and participation in paid and voluntary work. Local communities, workplaces, schools and voluntary organisations play a role in networking people, through bringing a diverse range of people together for a common purpose.

In 2002, the ABS General Social Survey showed that most people (93%) felt they could ask people outside their household for small favours, such as looking after pets, collecting mail, watering

Community

The term community refers to an inter-connected group of people who can influence one another's wellbeing. Communities are commonly thought of as being groups of people living within particular geographic areas. There are other connections between people which are not geographically based but which indicate the existence of communities. These include connections relating to shared values, traditions and lifestyles. Thus, people with a shared culture or heritage such as groups of Indigenous people, people belonging to religious groups, or groups of people born in particular countries who maintain associations with each other, are often viewed as belonging to a community. Communities may also be defined in terms of people with a shared set of interests or activities, for example 'school communities' or 'arts communities'. Notwithstanding the many possible connections between people that may be used to define communities, there is an important sense that the wellbeing of the members of a community is influenced by their connections to others.

Like a family, a community may be an important source of support and care for individuals, and individuals can gain a sense of identity and security from belonging to a community. The organisations and institutions surrounding and supporting a community (e.g. political, business, educational, religious, welfare and other institutions) provide work and education opportunities, infrastructures for health care and leisure pursuits, the opportunity for companionship, and also provide a means for delivering guidance on, and shaping, social values.

Communities can be composed of diverse groups, with competing interests and rights; but they can also be reasonably homogeneous.

gardens, minding a child for a brief period, or borrowing equipment. Overall, there were no significant differences between men and women in being able to ask for small favours.

The picture is much the same for people's ability to access support from outside the household in times of crisis, with 94% of people reporting they would have support. The greatest source of potential support is family members (82% of people thought their family would help), followed by friends (66%), neighbours (34%) and work colleagues (22%).

Involvement in paid employment provides an important means of meeting, and developing relationships with, a more diverse range of people. As noted in the commentary *Work*, there have been changes in the levels of labour force participation of both men and women (decreasing for men and increasing for women) resulting in women having more work-related social contacts than in the past. In 2002, only fairly small proportions (4%) of working people had had no contact with friends and family outside the household in the previous week (4%). In contrast, 8% of unemployed people and 6% of people not in the labour force had had no contact. Unemployed people were also much more likely to feel they did not have the ability to ask for small favours from persons outside the household (12% compared with 5% for employed people).

Social participation

Social participation provides the opportunity both to take part in an enjoyed activity and to interact with others. There is evidence that high levels of social participation and social connectedness may contribute to overall wellbeing of society as well as contributing to resilience of individuals and communities.²⁶ (See the *Culture and leisure* chapter for more details)

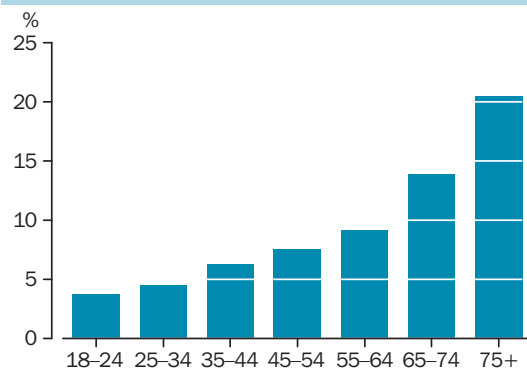
While social participation such as participation in community groups, attending sporting events and cinemas, and visiting restaurants are regarded as beneficial, recent research has also indicated that it is active membership in groups that is strongly linked with social capital.²⁷

Not surprisingly, as people age they are less likely to participate in social activities. Data from the 2002 ABS General Social Survey indicate that by 75 years and over, 21% of people did not participate in any of a range of social activities (as listed in the graph below) in the previous three months. It should be noted that, though called social activities, individuals can attend places such as museums and art galleries on their own. Furthermore, while people over 75 are less likely to participate in these selected social activities they may have participated in other social activities, and may have had visits in their home by family, friends or social services.

Many people participate in organised and non-organised social sport or physical activities. In 2002, 65% of men and 60% of women had participated in sport or physical activities at some time during the previous 12 months.

According to the 2002 General Social Survey (GSS), 23% of Australian adults participated in church or religious activities during the three months prior to interviewing. Women (26%) were more likely than men (20%) to have participated in church or religious activities. Female participation was higher than male participation among all age groups but

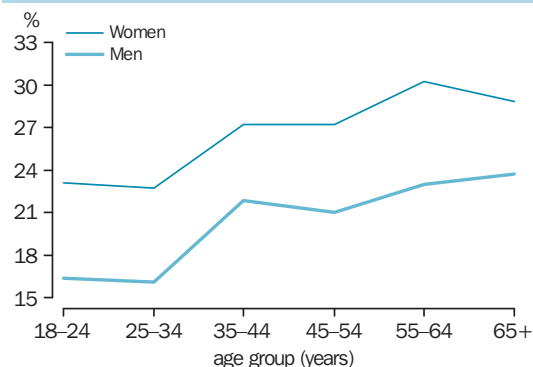
No participation in selected social activities(a)(b) – 2002



(a) Social activities include: visiting restaurants, movies or theatre; attending or participating in sport; visiting parks, gardens, zoos, libraries, museums, art galleries; participating in religious activities, recreational groups and community groups. (b) In the previous three months.

Source: General Social Survey, 2002.

Participation in religious activities, 2002(a)



(a) In the 3 months prior to the survey.

Source: General Social Survey, 2002.

for both, participation generally increased with age.

Volunteering and donating

Strong community bonds can be formed through things like volunteering and donating money to groups and organisations in the community. Such networks may involve people who do not normally associate with one another, and in this way help to form bridging relationships between these community members.

The likelihood that people will voluntarily give their time to do some work for an organisation or group might be regarded as one of the stronger expressions of social capital, as it involves providing assistance, fulfilling needs and providing opportunities in the community. Participation in voluntary work also reinforces networks and adds to the richness of community life. Between 1995 and 2002, the proportion of people aged 18 years and over who reported in ABS surveys that they did some voluntary work during the previous 12 months increased from 24% to 34%. The increases occurred for both sexes and across all age groups, but were proportionately greater for those in the age groups 18–24 (17% to 28%) and 55–64 (24% to 38%).²⁸

Another indicator of community involvement is the willingness of businesses to donate money or goods to community groups or charities. The 2002 ABS Business Generosity Survey showed that 36% of operating businesses made donations, 4% participated in supporting community projects, and 11% sponsored individuals or charities. Some businesses did all three.

Cultural diversity, participation and networks

Australia, is often described as a 'settlement country' and of all OECD countries, it has the highest proportion of population who were born overseas (23% in 2001). According to the 2001 Census, 41% of Australians were either born overseas or have a parent who was. We have experienced successive waves of immigration over

Indigenous social networks

To various extents the relationships formed through complex traditional systems of law and kinship ties still exist across contemporary Indigenous society. Thus while Indigenous people identify as being culturally distinctive within the wider Australian population they are also diverse within their own culture. As a result, Indigenous people may require numerous bridging networks.

Indigenous social networks may not be equally useful in progressing all the interests of individuals, or, indeed, the group. For example, even if Indigenous job seekers have well-developed social networks within the Indigenous community, these contacts may not be useful in securing work in the mainstream job market.²⁹

Given the level of disadvantage that many Indigenous people experience, government policy focusses on changing the circumstances of and increasing opportunities for Indigenous people. Some recent policy has emphasised the establishment of linking relationships that are culturally appropriate and involve Indigenous governance.³⁰ (see *Democracy, governance and citizenship* chapter)

the past century, and each wave has been characterised by a different predominant region of origin, often related to world events of the period (see *Population* chapter). Thus, Australian society is made up of a wide range of cultural groups, linguistic groups, and groups with different religious affiliation.

Added to the complexity of the long history of various countries of origin, there is also diversity in the skills and socioeconomic characteristics of recent migrants due to selection criteria used in migration policy. Settlers are drawn from different streams – skilled migration, family reunion, and the humanitarian program. Over all, skilled migrants experience better health, education and employment than the general population. However, many of those coming to Australia through the humanitarian program have low levels of income, larger families, low levels of education and low levels of English proficiency.³¹

In 2003–04, the number of new migrants who settled permanently was around 149,000 people. There have been changes over time in the proportions of different streams of immigration. From 1996–97 to 2003–04, the proportion of skilled migrants rose from 37% to 62%, while the family stream fell from 49% to 37%. The humanitarian program is established on a quota basis, which has remained roughly the same (about 12,000 people per year) for the past seven years.

The ability to participate in Australian society is highly dependent on English proficiency. In the 2001 Census, of those who reported that they spoke a language other than English at home, 14% spoke English 'not well' and 4% 'did not speak English at all'. In 1991, these proportions were 16% and 4%.

In the 2002 ABS General Social Survey, people who were born overseas and not proficient in English were more likely to report an inability to access

support in time of crisis than people born in Australia (14% felt they could not access support compared with 5%). And 18% of people who were born overseas and who were not proficient in English reported that they felt unsafe or very unsafe at home alone after dark, compared with 8% of the Australian born population. In addition, 12% of overseas born people with low levels of proficiency in spoken English reported that they often had difficulty getting transport to places they needed to go compared with around 4% of the Australian born population. They were also less likely than the general population to participate in sport (17% compared with 62%).³²

Break down of social cohesion

When the bonds between people are sufficiently weakened by stresses such as mental illness, abuse, destructive and self-destructive behaviours, individuals may permanently or temporarily become alienated or marginalised from families and social support networks. Furthermore, conflict expressed along racial lines can be an expression of a break down in social cohesion.

Homelessness

Homeless people are without settled accommodation and do not have access to the economic and social support that a home normally affords. Of course, there are many, often interrelated, personal and situational factors that may cause people to become or remain homeless. These include family breakdown, drug abuse, gambling, mental health problems, domestic violence and poverty.

People experiencing homelessness can stay in any number of places, including sleeping rough, staying in stop gap accommodation (with friends or in community refuges for those in crisis situations) or in other low cost accommodation (such as rooms in boarding houses). As a result it is very difficult to measure the numbers of people involved. Nevertheless, there have been some attempts to provide authoritative estimates. Those prepared by Chamberlain, MacKenzie and the ABS, based on the 2001 Census of Population, estimated

almost 100,000 homeless people in Australia on Census night 2001. Of these, approximately 14,200 were sleeping rough and nearly half (48,600) were staying with friends and relatives.³³ Analysis of the 1996 Census showed a similar number of homeless people (105,300), although it should be noted that other techniques have produced much lower numbers.³⁴

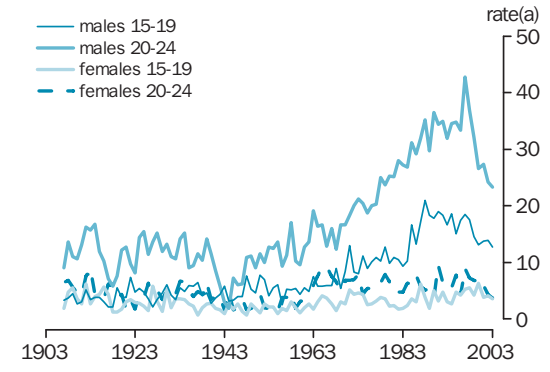
Information obtained from community organisations providing crisis accommodation and support services (compiled by the Australian Institute of Health and Welfare) indicate that greater numbers of clients received daily support in 2004–05 (about 21,900 to 24,900 per day) than in 1996–97 (about 13,000 to 14,000 per day).³⁵ These numbers are understood to represent only a fraction of homeless people in Australia on any one day, and may be influenced by an increased willingness to use such services.

Suicide

The suicide rate is one widely used indicator of social cohesion.³⁶ While many complex factors might influence a person’s decision to take his or her own life, suicide points to a loss of will to live as part of society and an inability of others to ensure that the person’s sense of wellbeing was maintained. The prevalence of drug-induced deaths is used as another indicator of social cohesion for similar reasons. While such deaths can occur for many reasons, their occurrences point to individuals who may not be well integrated into a supportive community.

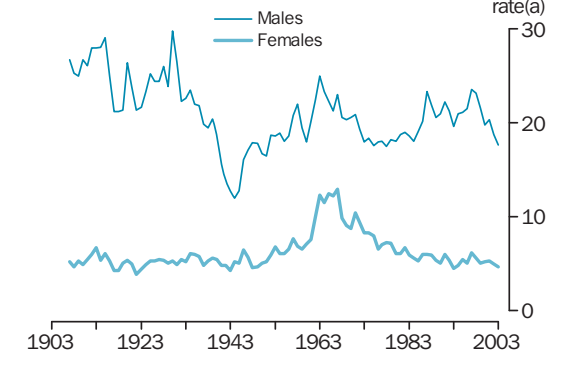
The annual, age standardised, suicide rate has fluctuated substantially over the last century, with the long term ups and downs being more the result of changes in the male suicide rate, which has been more volatile and consistently higher than the female rate. There is a general shift in the male suicide rate from the relatively low rates recorded through the 1970s to higher rates in the late 1980s and 1990s. This stands in contrast to the downward shift in female rates since the 1970s. Some component of the recent downward trends in suicides may be associated with issues of data quality.³⁸

Youth suicide



(a) Rate per 100,000 people. Source: AIHW Australian long term trends in mortality workbooks, GRIM BOOKS 2005

Suicide(a)



(a) Age-standardised rate per 100,000 people.³⁷ Source: AIHW Australian long term trends in mortality workbooks, GRIM BOOKS 2005

For young people, the suicide rate showed a period of steady increases for young males beginning in the late 1960s through to the peak in 1997 for young males aged 20–24 of 42.8 suicides per 100,000 people. For young males aged 15–19 the highest rate of suicides was in 1988 of 21.0 suicides per 100,000 people. In 2003, the rates were lower at 23.3 and 12.7 suicides per 100,000 people for males aged 20–24 and 15–19 respectively, however there are concerns about the quality of this data.³⁸

Drug-induced deaths

Drug-induced death rates are mostly due to the use of opiates such as heroin.³⁹ As with suicide, ABS statistics on deaths show the drug-induced death rate for women has been relatively low and stable over the last two decades, but for men the trend has been quite different. Starting at similar levels as for women in 1982 (about four deaths per 100,000 people), by 1990 the male rate had grown close to seven deaths per 100,000. After remaining stable at about the 1990 level for several years, it rapidly doubled to 13 deaths per 100,000 men in 1999, falling to 6 deaths per 100,000 men in 2004.

For women, on the other hand, the drug-induced death rate at the end of the 20-year period was the very similar to the beginning (around 4 per 100,000 women in 1982 and 3 per 100,000 in 2004) and throughout the period the rates were relatively stable.

Cultural issues

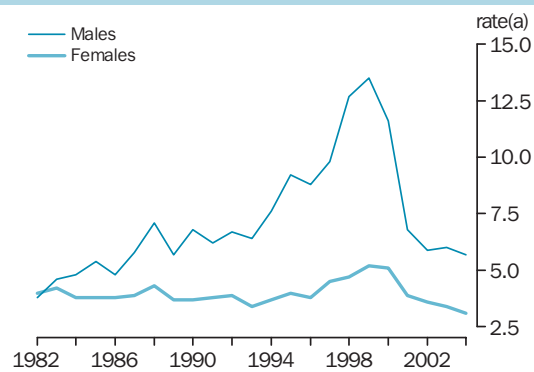
One indicator of the breakdown of social cohesion is conflict between people and groups. As a settlement country, Australia is made up of diverse groups and cultures and sometimes tension, resulting in conflict, arises in our society. When this conflict is expressed along racial or cultural lines we refer to it as racism. Experiences of racism can be at the individual or at the group level and they can include discrimination (e.g. where an employer may use race as a reason for exclusion from jobs), as well as verbal and physical expressions of hostility. Some expressions of hostility are directed at property in the form of graffiti or physical damage, while other acts of hostility are directed at individuals and periodically result in group conflict.

There is debate about the prevalence and nature of racism in Australia. Experiences of racism, racial conflict and discrimination can be reported to the police, the Human Rights and Equal Opportunity Commission, and various interest groups. However, there is no systematic or centralised way of collecting these reports.

Links to other dimensions of progress

See also the commentaries *Crime, Health, Work, Economic hardship, Culture and leisure*, and *Democracy, governance and citizenship*.

Drug-induced deaths(a)⁴⁰



(a) Age-standardised rate per 100,000 persons.³⁷

Source: ABS Causes of Death collection.

Endnotes

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- 12 De Vaus, D. 2004 *Diversity and change in Australian families*, AIFS, Melbourne. (p137).
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- 14 Sanson, A, and Lewis, V, 2001, Children and their family contexts in *Family Matters*, No 59, Winter, 2001.
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- and they may get angry. In general, how would you rate your family's ability to get along with one another? Excellent, Very good, Good, Fair, Poor. For additional discussions on family functioning indicators see Australian Institute of Health and Welfare, *Australia's Welfare 2005*, AIHW, Canberra.
- 17 ABS, Time Use Survey 1997. Feeling pressed for time has five categories: 'Always, Often, Sometimes, Rarely and Never'. In this analysis, feeling very pressed for time includes respondents who reported 'Always or Often'.
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 - 33 Chamberlain, C. and MacKenzie, D. 2003, *Australian Census Analytic Program: Counting the homeless, 2001*, cat. no. 2050.0, ABS, Canberra.
 - 34 Consilium Group 1998, *Estimating the Number of Homeless People in Australia*, FaCS, Canberra. As an indicator of the difficulty experienced in counting the homeless, in 1997 researchers of the Consilium group, using different methodologies to those used in the Chamberlain/ABS study produced a smaller estimate of 53,000 people.
 - 35 Australian Institute of Health and Welfare (AIHW) 2006, *Homeless People in SAAP, SAAP National Data Collection Annual Report 2004–05 Australia*. AIHW cat. no. HOU 132, AIHW, Canberra.
 - 36 Organisation for Economic Co-operation and Development (OECD) 2001, *Society at a Glance: OECD Social Indicators*, OECD, Paris.
 - 37 Standardised death rates enable comparisons of death rates between populations of different age structures by relating them to a standard population. Death rates have been standardised to the 2001 Australian population.
 - 38 Data quality issues with Suicide – There has been an increase in recent years in the number of open coroners' cases. Where cases are not finalised and the findings are not available to the ABS in time for publication of causes of death statistics, deaths are coded to other accidental, ill-defined or unspecified causes rather than suicide. The causes of death statistics are not revised once a coronial enquiry is finalised. The number of deaths coded to Intentional self-harm (suicides) has declined in recent years which may in part reflect the increase in the number of coroners' cases that were still open when the statistics were finalised.
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 - 40 Drug-induced deaths are those caused directly or indirectly by drug abuse, including deaths from organ damage caused by drugs. They include deaths from illegal drugs as well as the misuse of legal drugs. Excluded from the death rates presented in this commentary are: deaths directly attributable to alcohol and tobacco use; deaths from poisoning or exposure to volatile organic compounds (such as petrol); and murder where drugs were the weapon. Also excluded are deaths such as some road traffic accidents or AIDS deaths where drug use partly contributed to the death.
- Deaths from 1980 to 1998 were classified according to the International Statistical Classification of Diseases Ninth Edition (ICD-9), while deaths from 1999 were classified according to the Tenth Edition (ICD-10). The drug-induced deaths from these different classifications have been matched to facilitate comparisons over time.