

Social Capital in Tasmania

Results from the 2009 Tasmanian Population Health Survey

Introduction

The 2009 Tasmanian Population Health Survey (TPHS) was conducted as a telephone survey of over 6,000 Tasmanian adults aged 18 years and over during November-December 2009. The survey was carried out as an extension of the Victorian Population Health Survey which has been conducted annually since 1999.

This report examines the relation between physical activity and a number of other measures or risk factors at both state and regional levels. For further information about the TPHS please go to <http://www.dhhs.tas.gov.au/pophealth/epidemiology>

Statistical methods and interpretation

The Tasmanian Population Health Survey was undertaken using Computer Assisted Telephone Interviews (CATI) and used the 'list assisted' form of Random Digit Dialling (RDD) as the sample frame. The target population was defined as all non-institutionalised Tasmanian residents aged 18 years and over with access to a landline telephone.

The Human Research Ethics Committee (Tasmania) Network approved the survey method and questionnaire content. The survey process was managed by the Menzies Research Institute on behalf of the Department of Health and Human Services. The fieldwork data collection was outsourced to the Social Research Centre in Victoria.

The survey sample included a total of 6,300 respondents stratified into sub-samples of 2,100 in each of the three regions; North, North West and South. This sample allocation allowed for an oversampling of the North West region to obtain higher data reliability.

Interviewing was conducted between 5 November and 15 December 2009. No interviewing was undertaken in languages other than English. The average interview length was 20.7 minutes, and approximately 67% of all interviews were achieved within three call attempts.

Percentages and the corresponding confidence intervals in this document are weighted to the Tasmanian population, based on the stratified sampling design of the survey.

Trends and patterns in the data that are discussed are not necessarily statistically significant trends or patterns. Confidence intervals (CI) are provided to assist the reader in interpreting statistically significant results. Significant differences between estimates are deemed to exist where confidence intervals do not overlap.

In interpreting these data it should be noted that the survey may not be fully representative of the Tasmanian population as Tasmanians without access to a landline telephone, such as sole mobile phone users, were not included in the survey.

Social Capital

There are many definitions of what constitutes social capital. One of the best known ones comes from Kawachi et al who refer to "...the features of social organisation, such as civic participation, norms of reciprocity, and trust in others that facilitate cooperation for mutual benefit.¹ Social capital refers to the connections, trust, and reciprocity between people, and the resources generated from these connections, such as support in times of need, finding a job, coping with financial emergencies, or a sense of safety.

Social capital and community capacity building have become important elements in many public policies and programs. This is seen as a positive development despite the fact that the concepts of social capital and community capacity are often not clearly defined or measurable.

The Tasmanian Population Health Survey 2009 explored the extent of social capital in regional Tasmania in a series of questions relating to the existence of social networks, the availability of social support in times of need, financial support, social integration, trust, and community participation.

Social Networks and Support

Social networks are the social relationships and ties individuals have within the context of their families, friends, the work place, and as members of other organisations. A lack of social relationships and low levels of social participation can constitute *social disconnectedness*, which is one form of social isolation, with the other type of social isolation being a *perceived lack of support or loneliness*. (Cornwell, I E.Y. and Waite, L.J. (2009), *Social disconnectedness, perceived isolation, and health among older adults*, *Journal of Health and Social Behaviour*, vol.50, pp.31-48)²

The majority of Tasmanians appear to be well connected within their social network, with more than one in two Tasmanians reporting communication with 10 or more people the day prior to the survey. In addition, more than a quarter of Tasmanians aged 18 years and over reported five to nine interactions the day before the survey.

Fewer than one in fifty Tasmanians (1.6%) had not spoken to anybody the day before the survey, of which males made up 2% (~3,600 males) and females 1.3% (~2,500 females). There were no significant trends by age for Tasmanians reporting a lack of social interaction, which suggests that the level of social interactions may be more influenced by conditions other than age.

Number of people spoken to yesterday, by region, 18 years and over, Tasmania 2009



¹ <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-i-intsoc-toc~mental-pubs-i-intsoc-2>

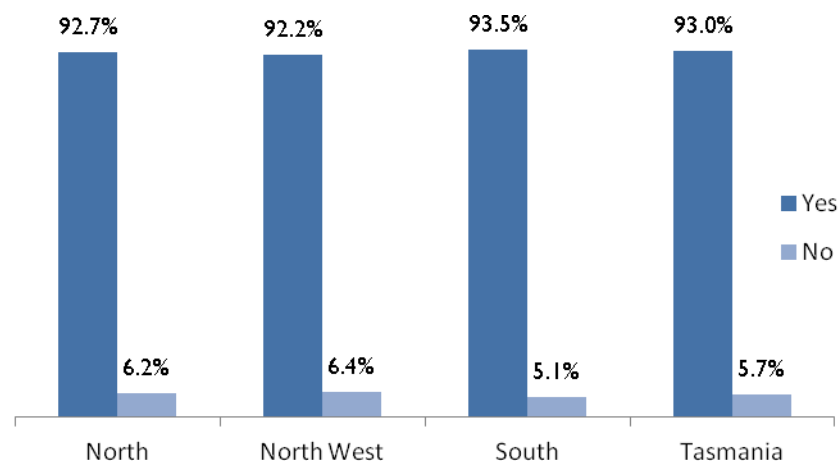
² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756979/>

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Social networks can offer support and assistance in times of need. The perceived absence of social support implies social isolation, which has been shown to have detrimental effects on health and life expectancy. (Nicholson, N.R.(2012), *A review of social isolation, The Journal of Primary Prevention, vol.33, pp. 137-152*)

In all Tasmanian regions, the great majority of adults were confident of support by relatives or friends in an emergency. Of all Tasmanians aged 18 years and over, 5.7% perceived an absence of support from relatives or friends during an emergency, of which 5.4% were males and 5.9% were females.

Relatives/friends able to take care of you or your children in an emergency by region, 18 years and over, Tasmania 2009

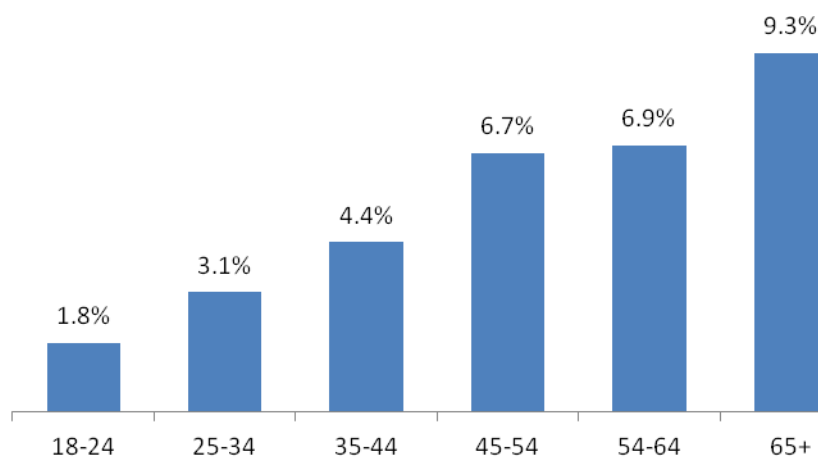


DHHS, Tasmanian Population Health Survey 2009

There is a clear age gradient of a perceived lack of support from relatives and friends in an emergency. Of those aged 18-24 years, 1.8% reported a lack of support from relatives and friends, compared to over 6% for Tasmanians aged 45-64 years. Almost one in ten Tasmanians aged 65 years and over (9.3%) stated a lack of support from relatives and friends in an emergency.

The health risks posed by this perceived lack of support may be particularly severe for older adults with stressful life course transitions, disabilities, and health problems. (Cornwell, I E.Y. and Waite, L.J., (2009), *Social disconnectedness, perceived isolation, and health among older adults, Journal of Health and Social Behaviour, vol.50, pp.31-48*)

Relatives/friends not able to take care of you or your children in an emergency by age, Tasmania 2009



DHHS, Tasmanian Population Health Survey 2009

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Overall, the great majority of Tasmanians reported being able to obtain help from friends or family when needed at least sometimes, with more than one in two Tasmanians confident of assistance from neighbours if required. There were no significant differences across regions.

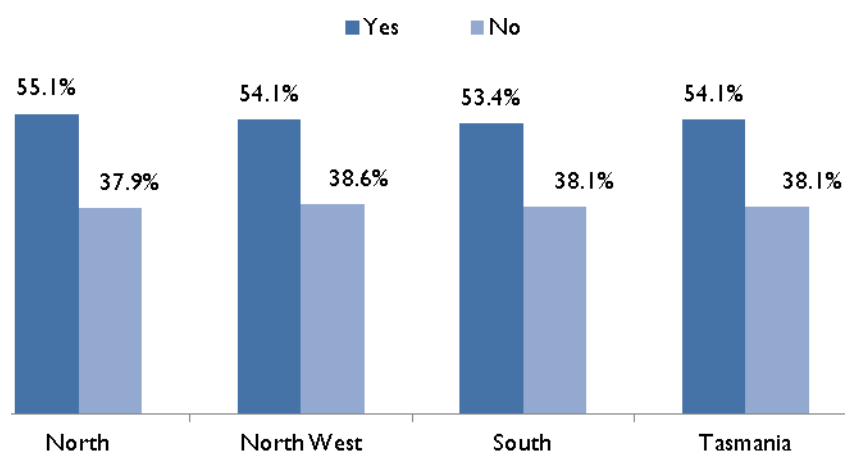
Help from friends, family and neighbours when needed, by region, 18 years and over, Tasmania 2009

<i>help from friends</i>		North	North West	South	Tasmania
	no, not at all	2.9%	2.2%	2.3%	2.4%
	not often	2.6%	2.1%	1.8%	2.1%
	sometimes	13.5%	12.4%	14.0%	13.5%
	yes, definitely	80.7%	82.8%	81.4%	81.5%
<i>help from family</i>					
	no, not at all	4.2%	5.0%	5.1%	4.8%
	not often	3.7%	2.8%	3.7%	3.5%
	sometimes	12.2%	9.1%	10.7%	10.8%
	yes, definitely	79.6%	82.5%	80.2%	80.6%
<i>help from neighbours</i>					
	no, not at all	14.4%	12.5%	15.3%	14.4%
	not often	9.0%	6.2%	7.0%	7.4%
	sometimes	19.6%	20.1%	22.4%	21.1%
	yes, definitely	55.2%	59.0%	52.7%	54.8%

DHHS, Tasmanian Population Health Survey 2009

Large social networks and frequent social interactions may improve chances of finding employment. More than one in two Tasmanians felt confident that friends or relatives could assist them in finding employment if necessary. Of those who reported not to be able to obtain a job through friends and relatives, 41.3% were females and 34.9% were males.

Able to obtain a job through a friend or relative if needed by region, 18 years and over, Tasmania 2009

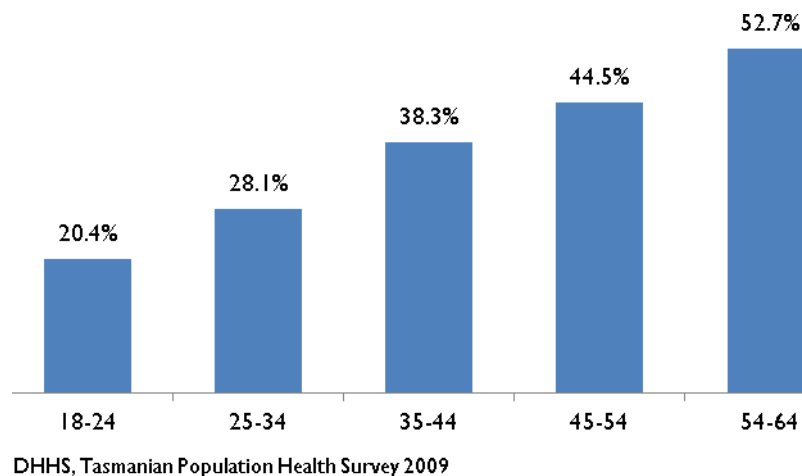


DHHS, Tasmanian Population Health Survey 2009

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There is a positive association between age and not being able to rely on friends and relatives to get employment. Of all Tasmanians aged 18-24 years, 20.4% felt that they could not rely on friends and relatives for a job compared to 52.7% of Tasmanians aged 55-64 years.

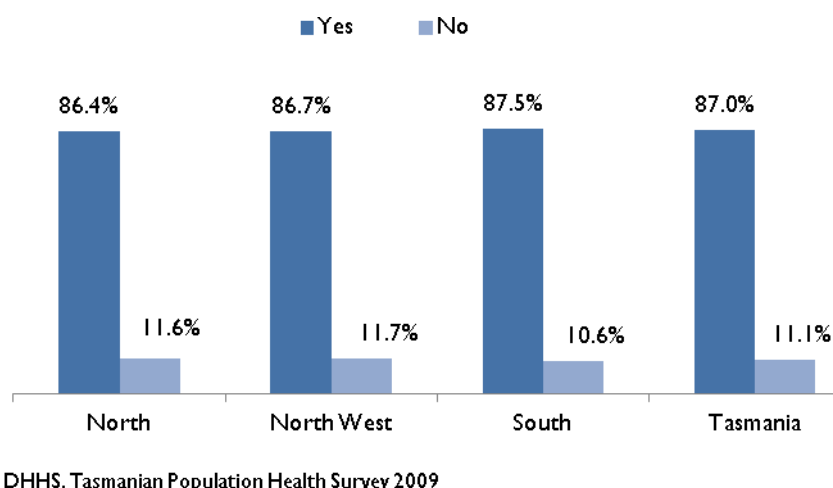
Not able to obtain a job through friends or relatives, Tasmania 2009



The availability of some forms of emergency finance is regarded as social capital and reflects social wellbeing. The lack of emergency funds is a major contributor to financial stress for individuals and households, with implication for health and wellbeing.

Being able to quickly raise \$2000 in an emergency, perhaps through a loan from the bank or friends and relatives, is a commonly used indicator of financial security or, alternatively, a lack of financial stress. The majority of Tasmanians (87%) are able to raise this amount of money, with about one in nine Tasmanians (11.1%) unable to raise this amount of money within two days.

Able to raise \$2000 within two days in an emergency by region, 18 years and over, Tasmania 2009



Social and Community Participation

Community participation is about the meaningful engagement of individuals with their community, often through group membership of various organisations. About one in four Tasmanians is a member of a sports group (25.8%), one in five belongs to a professional association (19%) or other community or action group (19.2%), and one in seven (14.1%) is a member of a church group.

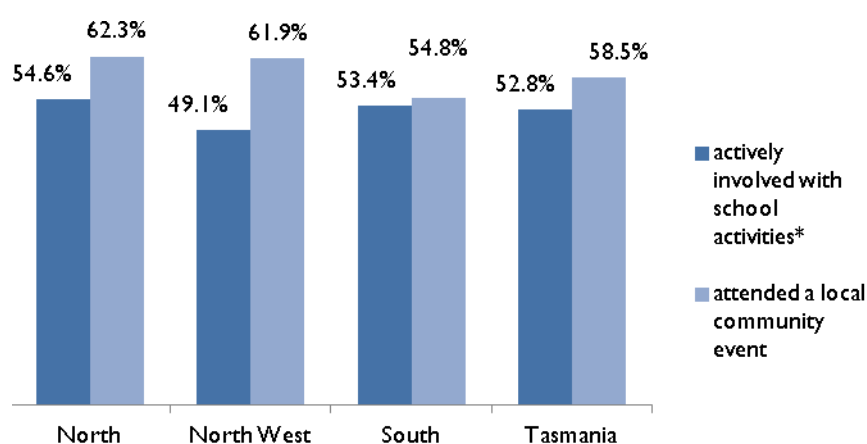
Type of group membership by region, 18 years and over, Tasmania 2009

	North	North West	South	Tasmania
Sports groups	25.5%	26.7%	25.6%	25.8%
Church groups	14.0%	16.5%	13.0%	14.1%
Professional associations	18.3%	13.9%	21.7%	19.0%
Other community or action groups	20.5%	18.8%	18.6%	19.2%

DHHS, Tasmanian Population Health Survey 2009

More than one in two Tasmanians participate in school activities organised by their child's school (52.8%) and attend local community events (58.5%). Attendance at local community events was higher in the North (62.3%) and North West region (61.9%) compared to the Southern region at 54.8%.

Participation in school activities and local community events by region, 18 years and over, Tasmania 2009



DHHS, Tasmanian Population Health Survey 2009; *of those who have children at school

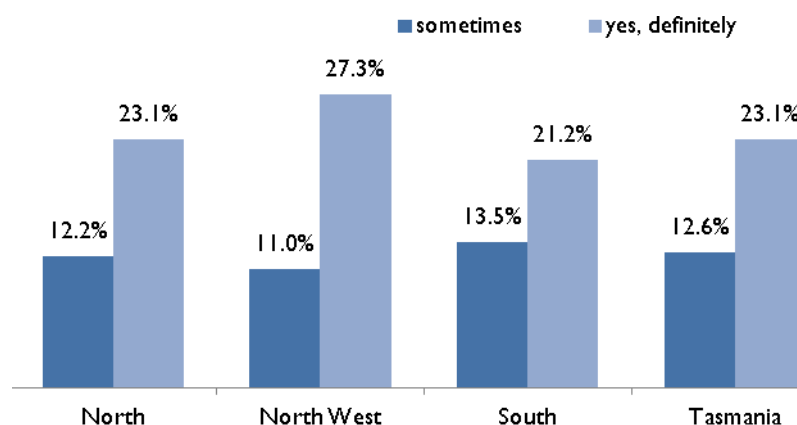
Volunteers make a valuable contribution to society and are considered an important indicator of social capital. Volunteering is not only good for society, but also provides participants with a sense of purpose and connectedness within their local community, as well as an opportunity to increase their personal friendships and social network.

The Tasmanian Population Health Survey measured the amount of voluntary effort undertaken by individuals in their local community. It showed that more than one in three Tasmanians volunteer at least sometimes, with the North West region showing the highest prevalence of volunteering.

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More than one in three Tasmanians (35.7%) volunteer at least sometimes, with the North West region showing the strongest participation in volunteering at 38.3%, compared to the North (35.3%) and South (34.7%). There were no differences between gender, with males and females volunteering at almost equal rates.

Helping out at a local group as a volunteer by region, 18 years and over, Tasmania 2009



DHHS, Tasmanian Population Health Survey 2009

The table below shows that Tasmanians aged 45-54 years (40.8%), and 55-64 years (40%) are the most likely to help out at a local group as a volunteer at least sometimes.

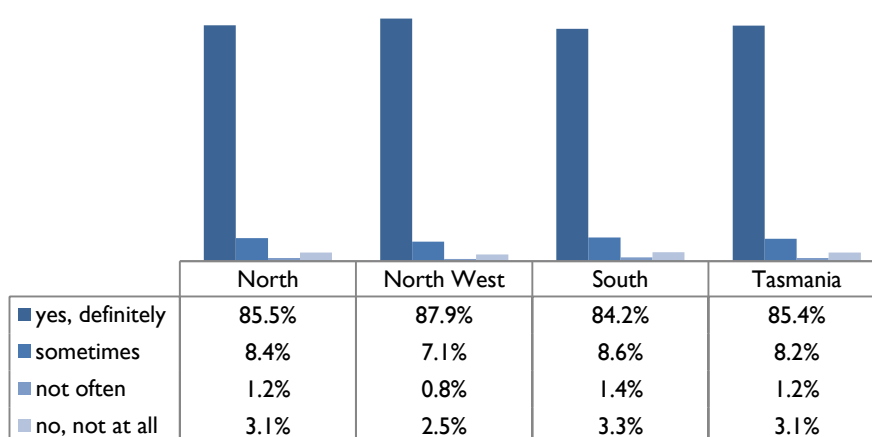
Helping out at a local group as a volunteer by age*, Tasmania 2009

Age Group					
18-24	25-34	35-44	45-54	55-64	65+
27.5%	29.8%	35.2%	40.8%	40.0%	37.1%

DHHS, Tasmanian Population Health Survey, 2009; yes, definitely and sometimes combined

The great majority of Tasmanians were always able to access community services or resources (85.4%), with 4.3% of Tasmanians reporting significant access issues.

Access to community services/resources by region, 18 years and over, Tasmania 2009



DHHS, Tasmanian Population Health Survey 2009

Of those Tasmanians who reported significant access issues, males and females were equally affected. Similarly, although older Tasmanians did report access issues more frequently than younger Tasmanians, differences across age groups were small and statistically insignificant.

Trust and Social Inclusion

Trust is an important dimension of social capital because it underlies and contributes to the quality of relationships and interactions between people. Trust underlies social interactions and is a critical component of social cohesion that bonds people in groups and communities through common interests. (Pope J. (2003) *Social capital and social capital indicators: A reading list. Working Paper Series No. 1. Public Health Information Development Unit, Adelaide*)

Most Tasmanians feel valued by society either always or sometimes (83.7%), with 76.2% confirming opportunities to make a differences always or at least sometimes, and 82.5% feeling that most people can be trusted.

One in eight Tasmanians did 'not at all' or 'not often' feel valued by society (12.5%). Close to one in four Tasmanians did 'not at all' or 'not often' perceive opportunities to have a say on important issues (22.3%). One in six Tasmanians did not at all or not often feel that most people can be trusted (16.5%)

Selected trust and inclusion measures by region, 18 years and over, Tasmania 2009

	North	North West	South	Tasmania
<i>feel valued by society</i>				
no, not at all	8.5%	7.2%	6.9%	7.4%
not often	4.4%	5.0%	5.6%	5.1%
sometimes	31.8%	31.6%	32.8%	32.3%
yes, definitely	52.4%	51.5%	50.9%	51.4%
<i>feel there are opportunities to have a real say on issues that are important</i>				
no, not at all	12.7%	10.4%	12.1%	11.9%
not often	10.6%	10.2%	10.3%	10.4%
sometimes	31.2%	29.3%	33.1%	31.7%
yes, definitely	44.2%	48.5%	43.0%	44.5%
<i>feel that most people can be trusted</i>				
no, not at all	8.4%	7.5%	7.0%	7.5%
not often	8.7%	8.8%	9.2%	9.0%
sometimes	44.4%	41.9%	43.1%	43.2%
yes, definitely	37.3%	40.7%	39.9%	39.3%

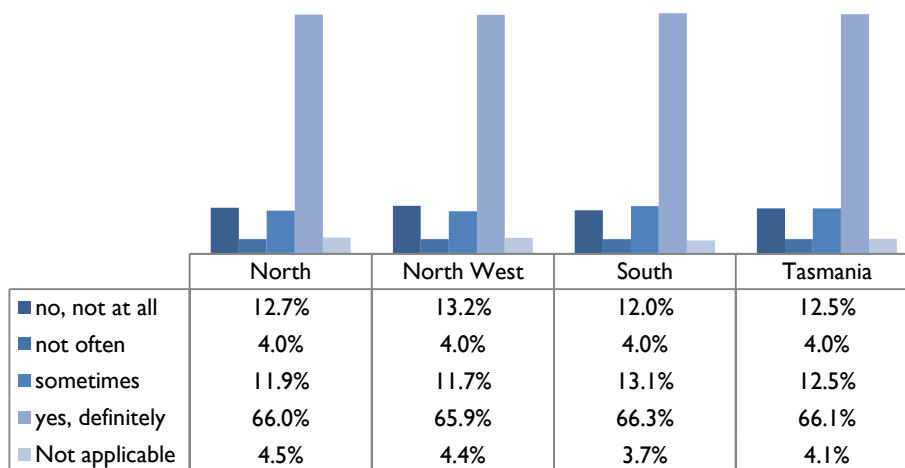
DHHS, Tasmanian Population Health Survey 2009

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Having trust in others to act according to accepted social norms is a fundamental aspect of a well-functioning community. An indirect measure of this trust is how safe people feel while walking alone at night. While 66.1% of Tasmanians always feel safe, 16.5% of Tasmanians, or one in six Tasmanians, do 'not at all' or 'not often' feel safe walking down the street after dark.

Not surprisingly, males are much more likely to feel safe than females, with 8.2% of males and 24.3% of females responding with 'not at all' or 'not often' feeling safe walking down the street after dark (statistically significant). Similarly, feeling safe is affected by age, with 13.3% of Tasmanians aged 18-24 years 'not at all' or 'not often' feeling safe, compared to 28.9% of Tasmanian aged 65 years and over.

Feeling safe walking down the street after dark by region, 18 years and over, Tasmania 2009

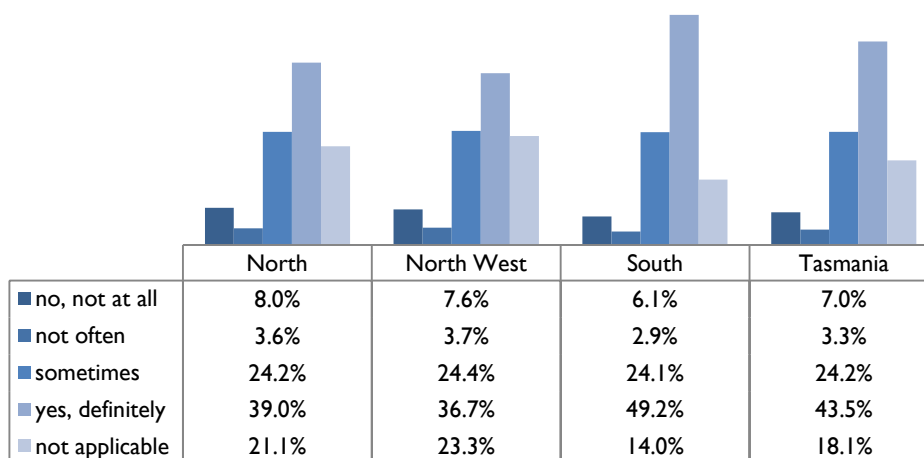


DHHS, Tasmanian Population Health Survey 2009

Multiculturalism refers to “...a system of beliefs and behaviours that recognises and respects the presence of all diverse groups in an organization or society, acknowledges and values their socio-cultural differences, and encourages and enables their continued contribution within an inclusive cultural context” (Rosado 1996, in Hyman, I. et al, 2011, *The Role of Multiculturalism Policy in Addressing Social Inclusion Processes in Canada*, Canadian Multicultural Education Foundation) This means that society as a whole benefits when it is inclusive.

The majority of Tasmanians were positive about multiculturalism making life better in their areas either sometimes or always (67.7%), with the highest proportion in the Southern region (73.3%).

Multiculturalism makes life in the local area better, by region, 18 years and over, Tasmania 2009



DHHS, Tasmanian Population Health Survey 2009