3.4.3 Community capacity

“Social cohesion in communities and families is an important determinant of health status, with factors such as poor access to social support and networks, marginalisation and isolation having lasting negative effects on physical and emotional wellbeing.”

Strategic Policy Framework for Children’s and Young People’s Health 2002-2007

The health and wellbeing of Queenslanders is generally enhanced by social participation and community life. Current evidence indicates that active, participant directed communities are healthy places to live. Furthermore, health outcomes are more likely to be maximised when government and communities work together in partnership. This requires support for communities to develop the capacity to become active partners in the process. This includes involvement in identifying relevant health determinant issues, and planning, implementing and evaluating activities to address these issues.

While the impact of community factors on population health is generally accepted, a standard set of indicators to measure and monitor community capacity is yet to be established. This section reports on available indicators of social capital, safety and crime, homelessness, family relationships and community participation, and computer and Internet access. Because there is considerable interaction and overlap among determinants, some community capacity indicators are reported in other sections of this document. For example, socioeconomic indicators such as income, education and employment are reported in section 3.4.2, and demographic indicators in the Health service district profiles chapters. This suite of community capacity indicators is incomplete due to lack of data or limited quality data, such as some community support services. It is envisaged that in future, indicators to monitor community capacity and quality data to support these indicators will be more clearly defined and more readily available. For more information on community capacity refer to Whole of population chapter.

Adolescence is a period of physical, emotional and social development. Young people are forming their own identity, and relationships with a network of friends and acquaintances become progressively more important. The transition from childhood to adulthood is also a vulnerable time, when the risk of poverty, unemployment and homelessness can predispose young people to social isolation and marginalisation.

Social capital

In Queensland in 2002, the majority of people aged 18 years and older (83.1%) felt people in their neighbourhood were willing to help one another (Table 3.10). Young people aged 18-29 years were less likely to feel they belonged in their neighbourhood compared to people 40 years and older. They also were less likely to feel that people in their neighbourhood could be trusted, compared to people 50 years and older. Young people were less likely to have worked on something to improve their neighbourhood than people aged 40 years and older, and compared to people in the age range 30-49 years, they were less likely to have volunteered. However, young people were significantly more likely than older people (50 years and older) to report participating in informal social networks. The social capital survey conducted by Queensland Health in 2002, included the questions listed in Table 3.10 and is more fully described in Whole of population chapter. Based on the Social Capital Index© used in this survey, there was an age gradient across a number of domains.

Table 3.10: Selected variables reflecting social capital concepts (95% CI), proportion of population aged 18 years and older, by sex, Queensland 2002

<table>
<thead>
<tr>
<th></th>
<th>18+ years</th>
<th>18-29 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in my neighbourhood are willing to help one another*</td>
<td>79.2 (76.4-82.1)</td>
<td>73.3 (67.1-79.5)</td>
</tr>
<tr>
<td>I feel like I belong in this neighbourhood*</td>
<td>83.8 (81.2-86.4)</td>
<td>74.0 (67.9-80.1)</td>
</tr>
<tr>
<td>Most people in my neighbourhood can be trusted*</td>
<td>71.9 (68.7-75.1)</td>
<td>63.0 (56.3-69.7)</td>
</tr>
<tr>
<td>I enjoy living among people of different lifestyles*</td>
<td>85.4 (82.9-87.9)</td>
<td>88.7 (84.2-93.1)</td>
</tr>
<tr>
<td>I have worked with others on something to improve my neighbourhood**</td>
<td>40.2 (36.7-43.7)</td>
<td>28.2 (22.0-34.5)</td>
</tr>
<tr>
<td>I have been actively involved in volunteer activities intended to benefit my community**</td>
<td>52.4 (48.9-56.0)</td>
<td>42.1 (35.3-49.0)</td>
</tr>
<tr>
<td>How often do you actively participate in any social activities with friends or neighbours in your own community***</td>
<td>71.4 (68.6-74.7)</td>
<td>81.2 (75.9-86.5)</td>
</tr>
</tbody>
</table>

Source: ABS Census of population and housing 2001

*agrees / strongly agree  **often or sometimes  ***monthly or more frequently
Family relationships and community involvement

In Queensland in 2001, 77% of the population was living in a family household. Of these, 59% were living in couple family households with children, 25% were living in couple family households without children, 14% were in one-parent family households and the remaining 1% were described as living in ‘other’ family households. There were a total of 73,566 male dependent students aged 15-24 years living in private households. Similarly there was a total of 75,049 female students aged 15-24 years living in private households.  

In Queensland in 2001, over 90% of young people aged 15-29 years rated their families as of great importance in their lives. This rating was similar to national figures for young people and for other age groups in Queensland. Young people also rated their health and leisure activities as of great importance. Health was similarly rated in other age groups, while in adults and older people, home was third most frequently rated as of great importance. The majority of young people aged 15-29 years reported they were satisfied with their lives overall (64.6%) and with their personal safety (72.3%). Young people were least satisfied with their financial situation (27.1%) and community connectedness.  

In Australia in 2001, most young people expressed satisfaction with their relationships with partners and parents. Less than 5% reported they were dissatisfied with their relationship with parents. However, about 20% were dissatisfied with their relationship with a step-parent.  

Connectedness to community is enhanced by community involvement. In Australia in 2002, 28.1% of young people aged 18-24 years reported undertaking voluntary work in the previous 12 months. The most popular voluntary work was connected to sport and hobby groups (11.2%). Young people aged 18-24 years were more likely (69.3%) than older age groups to have participated in or attended sport or physical activities in the three months prior to the survey. The majority of young people (88.9%) had visited a café, restaurant or bar in the previous three months, and 81.3% had attended movies, theatre or concerts.  

Australian data indicate that although the majority (82.9%) of young people aged 18-24 years are likely to turn to a family member for support in times of crisis, this age group is also much more likely than older age groups to turn to a friend for support (81.5%). In Australia in 2002, personal stressors experienced by young people aged 18-24 years in the previous 12 months included: not being able to get a job (24.6%), death of family member or close friend (20.5%), serious illness (13.1%), alcohol or drug related problems (12.6%), and mental illness (8.5%).  

The period of transition from childhood to adulthood is an important yet vulnerable period. The young person must undertake the transition from school to higher education or employment. Adolescence is a period of physical, emotional and social development. It is also a time of changing relationships with family and friends, with peers becoming progressively more important. In recent decades, families and communities have undergone significant changes which have added to the stressors associated with transition. Young people must also make important decisions regarding their future education, careers and lifestyles during this transition period.  

Of the social environments that influence young people’s behaviour, family and school environment are the most important. Connectedness to parents and family as well as to school reduces a young person’s risk of emotional distress and risk-taking behaviour, including attempted suicide.  

Computer and Internet access

In Queensland in 2001, nearly half the population used computers at home. Young people aged 15-24 years were most likely to have computer access, (56.7% of young males and 58.1% of young females), compared to 43.5% for males and 42.2% for females in the total Queensland population. The increasing prevalence of computers and the Internet means that people who are not able to use or access these facilities may have restricted access to information and services, skills development, and special offers and savings. This may adversely affect educational outcomes, employment prospects and other aspects of wellbeing. There are however, health concerns about the excessive use of computers particularly among children and young people, resulting in sedentary activity and causing/compounding the problems of being overweight and obese.  

Teenage pregnancy

In 2000, of 48,524 births in Queensland, 22 births were to mothers aged under 15 years and 3,161 (6.5%) were to mothers aged 15-19 years. On average, Indigenous women give birth at younger age groups than non-Indigenous women. Infants born to women under the age of 20 years who were single, separated or divorced, Aboriginal, or who smoked during pregnancy were at increased
risk of being premature or of low birthweight. They may also experience a higher occurrence of developmental delay, lower academic achievement, and behaviour problems. They are at greater risk of substance abuse, and of becoming teenage parents themselves. There are ongoing implications for a teenage mother, such as long term unemployment, poorly paying job options, lack of school qualifications and poor psychosocial outcomes. Teenage pregnancies follow a socioeconomic gradient. Risk factors for teenage pregnancy include family situations with regular conflict between members, violence and sexual abuse in childhood, unstable housing arrangements, poor school performance, low socioeconomic background, family history of teenage pregnancies, low maternal education, father’s absence, and low self-esteem. Family support, school connectedness and retention, improved employment opportunities, sexuality education, and building self-esteem, are important strategies for addressing the issue of teenage pregnancy.

Safety and crime

In 2002, the majority of Queenslanders aged 15 years and older (82.5%) felt very safe at home during the day and 73% felt safe at home alone after dark, slightly higher than for Australia as a whole. Males generally felt safer than females. Young people aged 15-24 years felt safer than all ages during the day, but not after dark.

In Queensland in 2002/03, of all age groups, young females aged 15-19 years were the most common victims of offences against another person, with 1,862 victims per 100,000 population. The next most common victim group was young males also aged 15-19 years (1,741 victims per 100,000). Offences against another person include assault, sexual offences, robbery and homicide.

In 2002/03, Queensland males aged 15-19 years were the most common offenders against another person with 2,095 offenders per 100,000 population. Next were young males aged 20-24 years (1,991 offenders per 100,000). Of all women, young females aged 15-19 years were the most likely to commit an offence against another person (674 offenders per 100,000 population). Offences against another person include unlawful entry, arson, property damage, unlawful use of a motor vehicle and handling stolen goods.

Crime and safety issues for young people are related to their health and wellbeing. Young people are at relatively high risk of both being a victim of criminal activity and of committing criminal activity. The level of criminal activity among young people can be seen as an indication of lack of support by society in general. Risk factors for involvement in juvenile crime include family factors (lack of parental supervision, child abuse and neglect), difficulty at school, peer group pressure, unemployment and socioeconomic disadvantage, substance abuse and youth homelessness. Where young males are socioeconomically disadvantaged, their lack of employment and income may cause them to have underlying feelings of humiliation. They can become extremely sensitive to real or imagined attacks on their self-esteem, and such feelings can manifest as violence against society. This behaviour is more evident in societies where there are large income differentials.

Homelessness

In Australia in 2001, 36% of homeless people were estimated to be in the age group 12-24 years (representing a total of 36,173 people). In the age group 12-18 years, slightly more females than males were homeless, although the pattern is reversed in the age group 19-24 years. This indicator is reported more fully in Whole of population chapter.