

Australian Unity Wellbeing Index Survey 33.1

**Report 33.1
June 2016**

Part A: The Report

“Wellbeing within General Australian Population and Marginal Electoral Divisions”

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Executive Summary

Purpose:

The report provides a snapshot of the data collected as part of Australian Unity Wellbeing Index Survey in April 2016. Given the upcoming Federal Election this report compares data on Subjective Wellbeing (SWB) drawn from the general population, 5 Coalition and 5 Labour held Marginal Electoral Divisions (MEDs). The Coalition held MEDs are: Barton, Capricornia, Dobell, Eden-Monaro and Petrie. The Labour held MEDs are: Bendigo, Lilley, Lingiari, McEwen and Parramatta. The ten MEDs selected are the most marginal electorates according to the MacKerras Post-election pendulum for the Australian Federal Election of 2013.

Data:

The data for the general population sample (N=1000) have come from the Australian Unity Wellbeing Index Survey 33. Survey 33.1 was a special-purpose survey (N=2000), conducted at the same time as Survey 33 (April 2016), but concentrating on the ten most marginal electoral divisions.

A representative sample of Australians aged over 18 and fluent in English were recruited for the study. The sample was stratified to represent the Australian population in terms of geographic location based on the proportions from the Australian Bureau of Statistics (2015). Gender is equally proportioned in both general population and individual MEDs. Data collection was carried out by the same company that has been involved with the project since 2006 (I-view). Samples for this survey are obtained from Sample Pages. The samples for both general population and MEDs come from the same pool of people. The method used by Sample Pages to determine the MEDs is following: Full addresses from phone records are recorded onto a Geographic Information Server (GIS) with latitude and longitude. The ABS meshblock is then assigned to each record (<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1270.0.55.001Main%20Features1July%202011>). The electoral boundaries obtained from ABS (<http://www.aec.gov.au/Electorates/gis/index.htm>) are loaded onto a GIS meshblocks and are assigned to each electorate (23, 000 per electorate on average). Where a meshblock crosses an electorate, it is assigned to electorate in which most of it resides.

The response rate and the interview length for the August 2015 and April 2016 surveys are shown in Table 1 below.

Table 1 Response rate and Interview length

	2015 – S32 General population	2016 – S33 General population	2016 – S33.1 Marginal Electoral Divisions (MEDs)
Response Rate	33%	36%	37%
Interview Length	9.3	9	8.8

Results:

1. A comparison between current and last year's surveys reveal no differences in SWB. The satisfaction within domains was also consistent with the last year's results, except for the domain of health, which shows a marginally significant increase of 1.8 points.
2. The ten MEDs lie within a lower end of the PWI Normative Range with the mean of 75.1.
3. The comparisons between individual MEDs revealed no significant differences. The MED with the highest PWI is Bendigo, which lies above the PWI Normative Range. The MEDs with the lowest PWI are Barton and Parramatta, which lie at the bottom of the Normative Range.

1. Introduction

The Australian Unity Wellbeing Index is a barometer of Australians' satisfaction with their lives and life in Australia. Unlike most official indicators of quality of life and wellbeing, it is subjective – it measures how Australians feel about life, and incorporates both personal and national perspectives. The Index shows how various aspects of life – both personal and national – affects our sense of wellbeing.

The Index is an alternative measure of population wellbeing to such economic indicators as Gross Domestic Product and other objective indicators such as population health, literacy and crime statistics. The Australian Unity Wellbeing Index measures quality of life as experienced by the average Australian.

The Index yields two major numbers. The Personal Wellbeing Index is the average level of satisfaction across seven aspects of personal life – health, personal relationships, safety, standard of living, achieving, community connectedness, and future security. The National Wellbeing Index is the average satisfaction score across six aspects of national life – the economy, the environment, social conditions, governance, business, and national security. This report concerns only the Personal Wellbeing Index.

A considerable body of research has demonstrated that most people are satisfied with their own life. In Western nations, the average value for population samples is about 75 percentage points of satisfaction. That is, on a standardised scale from 0 (completely dissatisfied) to 100 (completely satisfied) the average person rates their level of life satisfaction as 75. The normal range is from 70 points to 80 points. We find the Personal Wellbeing Index to always fall within this range. However, satisfaction with aspects of national life are normally lower, falling in the range 55 to 65 points in Australia.

The first index survey, of 2,000 adults from all parts of Australia, was conducted in April 2001. A total of 33 general population surveys have now been conducted, with the most recent in April 2016. Copies of earlier reports can be obtained either from the Australian Unity website (www.australianunity.com.au) or from the Australian Centre on Quality of Life website at Deakin University (<http://www.acqol.com.au/reports/auwbi.php>).

The same core index questions, forming the Personal Wellbeing Index, are asked within each survey. In addition we ask two highly general questions. One concerns 'Satisfaction with Life as a Whole'. This abstract, personal measure of wellbeing has a very long history within the survey literature and its measurement allows a direct comparison with such data.

Each survey also includes demographic questions and a small number of additional items that change from one survey to the next. These explore specific issues of interest, either personal or national. Such data have several purposes. They allow validation of the Index, the creation of new population sub-groups, and permit further exploration of the wellbeing construct.

In addition to these general population surveys we sometimes conduct special purpose surveys. These are designed to measure the wellbeing of the population at some particular point in time coinciding with some happening that we consider may have the power to change population wellbeing.

The first of these special surveys was 18.1 conducted in February 2008 following seven successive home-loan rate rises. Report 20.1 concerned the effects of bush-fires in Victoria and floods in Queensland. The Report 23.1 concerned the period surrounding the change of Prime Minister from Rudd to Gillard. This Report 33.1 concerns the period leading up to the 2016 Australian Federal Election.

1.1. Understanding Personal Wellbeing

The major measurement instrument used in our surveys is the Personal Wellbeing Index (PWI). This is designed as the first level deconstruction of 'Life as a Whole'. It comprises seven questions relating to satisfaction with life domains, such as 'health' and 'standard of living'. Each question is answered on a 0-10 scale of satisfaction. The scores are then combined across the seven domains to yield an overall Index score, which is adjusted to have a range of 0-100.

On a population basis the scores that we derive from this PWI are quite remarkably stable. The means of our regular surveys range from 73.5 to 76.6, a fluctuation of only 3.1 points. How can such stability be achieved?

We hypothesize that personal wellbeing is not simply free to vary over the theoretical 0-100 range. Rather, it is held fairly constant for each individual in a manner analogous to blood pressure or body temperature. This implies an active management system for personal wellbeing that has the task of maintaining wellbeing, on average, at about 75 points. We call this process Subjective Wellbeing Homeostasis (Cummins et al., 2002).

The proper functioning of this homeostatic system is essential to life. At normal levels of wellbeing, which for group average scores lies in the range of 70-80 points, people feel good about themselves, are well motivated to conduct their lives, and have a strong sense of optimism. When this homeostatic system fails, however, these essential qualities are severely compromised, and people are at risk of depression. This can come about through such circumstances as exposure to chronic stress, chronic pain, failed personal relationships, etc.

Fortunately for us, the homeostatic system is remarkably robust. Many people live in difficult personal circumstances which may involve low income or medical problems, and yet manage to maintain normal levels of wellbeing. This is why the Index is so stable when averaged across the population. But as with any human attribute, some homeostatic systems are more robust than others. Or, put around the other way, some people have fragile systems which are prone to failure.

Homeostatic fragility, in these terms, can be caused by two different influences. The first of these is genetic. Some people have a constitutional weakness in their ability to maintain wellbeing within the normal range. The second influence is the experience of life. Here, as has been mentioned, some experiences such as chronic stress can challenge homeostasis. Other influences, such as intimate personal relationships, can strengthen homeostasis.

In summary, personal wellbeing is under active management and most people are able to maintain normal levels of wellbeing even when challenged by negative life experiences. A minority of people, however, have weaker homeostatic systems as a result of either constitutional or experiential influences. These people are vulnerable to their environment and may evidence homeostatic failure. The identification of sub-groups that contain a larger than normal proportion in homeostatic failure of people is an important feature of our survey analyses.

1.2. Methodology

The Subjective Wellbeing has been compared within the current and previous survey. The MEDs were also compared as a group against the PWI Normative Range and individually against each other MEDs.

All Personal Wellbeing responses are made on a 0 to 10 scale. The satisfaction responses are anchored by 0 (completely dissatisfied) and 10 (completely satisfied). These are then standardised to a 0 – 100 scale. Initial data screening was completed before data analysis. To control for the acquiescence bias the 0 and 100 responses on PWI have been excluded from the analyses.

In the presentation of results to follow, the trends that are described in the text are all statistically significant at $p < .05$. Within Figure 1, the red star above the mean indicates that the higher mean is significantly different than the lower mean for the same domain.

In situations where homogeneity of variance assumptions has been violated, Dunnetts T3 Post-Hoc Test has been used. In the case of t-tests we have used the SPSS option for significance when equality of variance cannot be assumed. The results have not been corrected for sample sizes.

The raw data for this and all previous reports are available from our website:

<http://www.acqol.com.au/reports/auwbi.php>

1.3. Internal Report Organisation

- (a) Chapter 1 presents the Introduction.
- (b) Chapter 2 presents a comparative between the 2015 and 2016 means for Personal Wellbeing Index (PWI) and its domains.
- (c) Chapter 3 presents a comparative of cumulative MEDs mean against the PWI Normative Range.
- (d) Chapter 4 presents a comparative analysis of the ten individual MEDs.

1. 2015 and 2016 AUWI surveys

Table 2 Comparisons of PWI in general population samples from the current and previous surveys

Question	2015			2016			Point change from August 2015 (S33-S32)	Significance of change
	N	Mean	Standard Deviation	N	Mean	Standard Deviation		
PERSONAL WELLBEING INDEX	951	76.11	12.29	935	76.69	12.59	0.58	.313
Personal domains								
1. Standard of living	1000	80.57	15.26	998	80.79	15.31	0.22	.746
2. Health	1000	73.04	19.79	997	74.76	19.00	1.72	.047
3. Achieving	986	72.92	19.17	987	74.18	19.52	1.26	.147
4. Personal relationships	992	80.89	19.75	989	79.29	20.85	-1.59	.081
5. How safe you feel	996	81.66	16.04	993	82.04	16.65	0.39	.597
6. Community connect	993	72.49	19.39	990	73.73	18.97	1.24	.150
7. Future security	991	72.79	19.28	982	73.29	18.74	0.50	.556

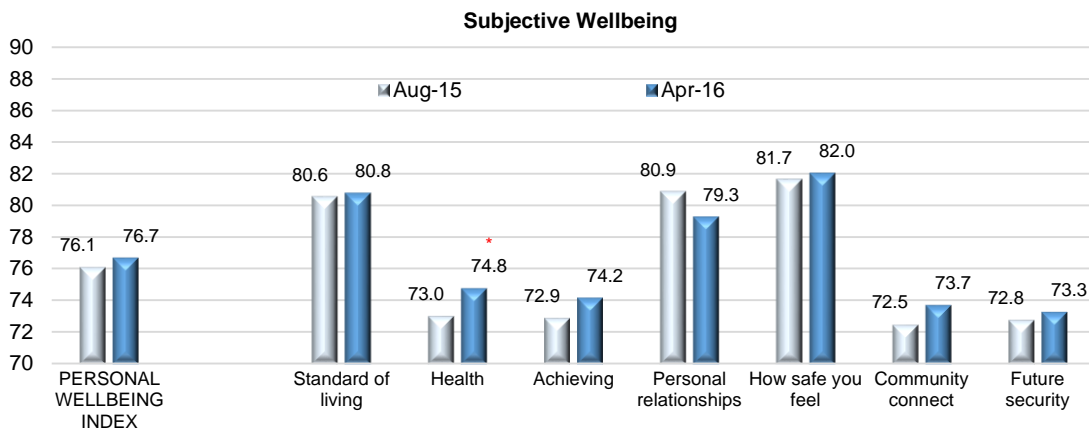


Figure 1 PWI and domains in 2015 and 2016

Neither Personal Wellbeing Index nor its domains have changed significantly since last year. The only exception is the domain of health, which rose by 1.8 points since last year. However, this difference is only marginally significant ($p=.047$).

2. Cumulative MEDs against a Normative Range

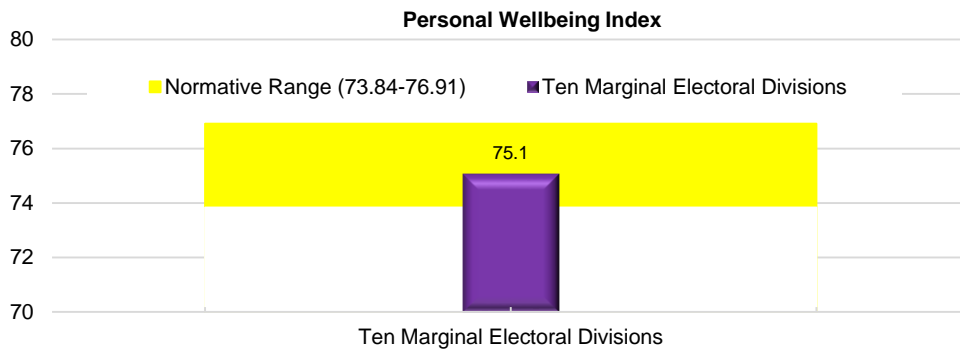


Figure 2 MEDs compared against a PWI Normative Range

Figure 2 shows the group mean for PWI from all ten MEDs lying within the lower half of the PWI Normative Range.

3. Individual Labour and Coalition held MEDs

Table 3 Comparisons between individual MEDs (PWI)

Individual MEDs	State/Territory	*Marginality (%)	PWI Mean
LABOUR HELD MARGINAL SEATS:			
McEwen	VIC	50.2	75.15
Parramatta	NSW	50.6	73.86
Lingiari	NT	50.9	75.62
Bendigo	VIC	51.3	77.31
Lilley	QLD	51.6	74.13
COALITION HELD MARGINAL SEATS:			
Barton	NSW	50.3	73.92
Petrie	QLD	50.5	74.39
Eden-Monaro	NSW	50.6	75.24
Dobell	NSW	50.7	76.31
Capricornia	QLD	50.8	74.64

ANOVA & Post-hocs:
F(9,1865) = 1.325, p = .218

There are no statistically significant differences between individual MEDs in S33.

**Marginal seat information taken from Mackerras Pendulum post-2013 federal election.*

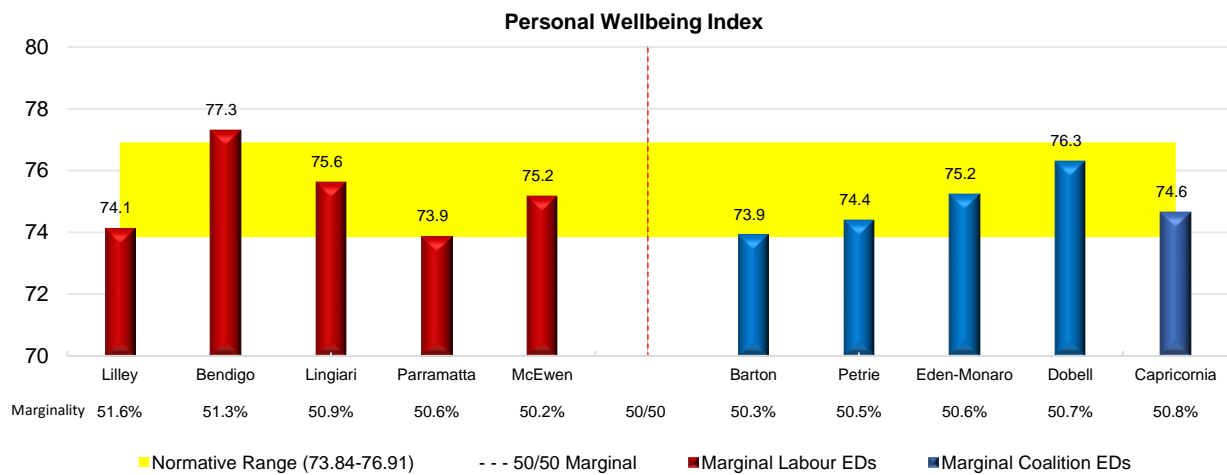


Figure 3 Marginal Electoral Divisions (PWI)

Figure 3 shows PWI means for five Coalition and five Labour held MEDs. Overall, the Labour held MED Bendigo has the highest PWI, and lies above the normative range. The MEDs with the lowest PWI are Coalition held MED Barton and Labour held MED Parramatta, which lie at the bottom of the Normative Range. However, the differences in PWI levels between individual MEDs are not significant.

Conclusion

The Subjective Wellbeing of the general population in April 2016 is not significantly different than in August last year. The difference in the health domain since last year is only marginally significant.

The PWI for the ten MEDs combined lies within the lower half of the PWI Normative Range. The MED with the highest overall PWI is Bendigo and lowest are Barton and Parramatta. The differences in PWI levels between individual MEDs are not significant.