



90 Day Change@SA Project

South Australia: State of Wellbeing

FINAL REPORT

November 2016



Government of
South Australia





CONTENTS

FINAL REPORT

1. PURPOSE	3
2. BACKGROUND AND CONTEXT	3
3. PROJECT PROCESS AND METHODOLOGY	4
4. PROJECT GOVERNANCE	6
5. SUMMARY OF THE LITERATURE	9
6. KEY POINTS FROM THE LITERATURE	14
7. RESULTS OF THE SURVEY	14
8. APPLYING THE EVIDENCE	15
9. OUTCOMES AND NEXT STEPS	19
10. REFERENCES	20
11. ACKNOWLEDGMENTS	21



1. PURPOSE

The purpose of this report is to document the process and methodology used to develop the [SA:State of Wellbeing Statement](#), launched by the Premier at the 5th Australian Wellbeing and Positive Psychology Conference, in Adelaide, in September 2016.

2. BACKGROUND AND CONTEXT

Improving the wellbeing – the quality of life, health and happiness – of the population is a fundamental role of governments across the world. Improving the wellbeing of the South Australian population has been, and continues to be, a long-term goal of the Government of South Australia and for the SA community more broadly.

South Australia has a long history of social innovation, being the first state in Australia to introduce voting rights for women, introduce the Torrens title land registration system, legalise homosexuality, host a nation-leading Festival of Arts, and introduce container deposit schemes, to name only a few.

The Adelaide Thinkers in Residence program (which was decommissioned in 2012) has also driven social policy innovation in the state, including:

- In 2005/06 – Rosanne Haggerty recommended addressing homelessness through a housing first approach, linked to supports.
- In 2007/08 – Professor Ilona Kickbusch’s key recommendation was to develop and implement a ‘Health in All Policies’ approach, to promote action on the social determinants of health – simultaneously improving population health and wellbeing as well as other societal priorities.
- In 2007/08 – Dr Geoff Mulgan’s residency had a strong social innovation and exclusion focus, and his residency resulted in the establishment of The Australian Centre for Social Innovation.

In 2013, the then Thinker in Residence Professor Martin Seligman challenged South Australia to position itself as a world-leading State of Wellbeing, utilising a positive psychology approach. Professor Seligman recognised South Australia’s unique potential to accomplish this aim, given the many assets we have (affordability, rich cultural diversity, relative peace and political stability, clean and green environment and vibrant food, wine and arts scene), while also acknowledging the challenges we face.

Following Professor Seligman’s challenge, South Australia has drawn on its assets and has continued to invest in initiatives to strengthen the wellbeing of the South Australian community.



While good work was occurring across the state by numerous parties to address wellbeing, it was recognised that this work was occurring in the absence of an agreed:

- Understanding of what is meant by wellbeing;
- Understanding of the many factors that contribute to wellbeing (including but not limited to positive psychology); and
- ‘Higher level purpose’ of what these efforts were contributing towards

These project issues were articulated into the key project challenges:

- To develop an agreed wellbeing description or definition;
- To develop an explanatory framework of the determinants of wellbeing, that would underpin and support the description; and
- To consider if South Australia should adopt some form of State wellbeing index, to measure performance in addressing wellbeing

Consistent across these challenges was the need to ensure that the above were developed in a way that was accessible and relatable to everyday citizens.

3. PROJECT PROCESS AND METHODOLOGY

The project was undertaken as a [Change@SA 90 Day project](#). These projects are examples of the public sector values in action and align directly with the government’s strategic priorities. 90 Day Projects focus strongly on collaboration and aim to cut through potential bureaucratic barriers to deliver focused outcomes for South Australian citizens within 90 days.

This project also drew on the principles, practices and processes of [South Australia’s Health in All Policies approach](#), which align closely with the public sector values. The South Australian Health in All Policies model is underpinned by strong governance and project methodologies which emphasise the concepts of partnership and co-benefits.

The project process included the following:

1. Initial stakeholder engagement and development of 90 Day Project plan

An initial stakeholder ‘design workshop’ was held in May 2016, to commence initial planning.

2. Establishment of project governance structure

A two tiered [project governance](#) structure was developed for the project.



3. Evidence gathering

The project was informed by an evidence gathering phase, which aimed to provide the two governance groups with the most up to date and relevant information related to key project challenges. It comprised the following three components:

- A high-level scan of the literature, focusing on definitions and underpinning frameworks.
- A survey to ascertain the views of every day South Australians in relation to what they believe impacts their personal wellbeing, that of their families and communities and the state as a whole.
- A consultation workshop which aimed to test preliminary ideas with key stakeholders. The same stakeholders were brought together before the commencement of the decision-making and the production of the Statement.

4. Literature scan

The purpose of the literature scan was to contribute information to the Expert Advisory Group and the Strategic Taskforce for their consideration, in addition to evidence from other sources.

The literature scan aimed to provide a high level overview of the best available and most up to date evidence around:

- Definitions of wellbeing
- Frameworks which underpin these definitions
- Indicators and measures of population wellbeing

While each of these three elements is considered separately in the summary of the literature, they are closely connected and interrelated.

5. Survey

The survey captured the views of everyday citizens around what contributes towards wellbeing, to help frame the State of Wellbeing project.

The survey asked respondents to identify the factors (domains) that they considered contributed most to wellbeing, at three levels - Personal, Family/Community and State Population level. Respondents were asked to rate domains on a Likert scale ranging from essential to not important. Domains were compiled from a number of Australian Bureau of Statistics documents, and a World Health Organization document.

The survey was distributed through networks of those involved in the project (e.g. DCSI, SA Health, Community Centres SA, TAFE SA, Wellbeing and Resilience Centre, others)

and was also available through the YourSAy website. The survey was open for approximately 3 weeks and received a total of 540 responses in that time.

Appendix 1 provides full details of the survey questions.

6. Consultation Workshop

The project was supported by a consultation workshop with wider stakeholders, seeking input into draft project considerations.

4. PROJECT GOVERNANCE

A two tier governance structure was established to provide strategic guidance and expert advice to inform the project.

The project was jointly sponsored by the Hon Zoe Bettison MP, Minister for Communities and Social Inclusion, and the Hon Leesa Vlahos MP, Minister for Mental Health and Substance Abuse, and Minister for Disability given their respective portfolio areas in relation to population wellbeing. Both Ministers jointly led the project's Strategic Taskforce, whose role was to provide high-level strategic advice to the project sponsors to inform decision making, including determining the final content of the Statement.

The Strategic Taskforce included members with political insight, cross Government and non Government sector knowledge, and expertise in areas which were seen as critical in contributing to wellbeing in South Australia.

Table 1: Membership of the project's Strategic Taskforce

Minister for Communities and Social Inclusion	Hon Zoe Bettison MP
Minister for Mental Health and Substance Abuse Minister for Disability	Hon Leesa Vlahos MP
Director, Public Health Information Development Unit, Torrens University	Prof John Glover
Executive Director, Department of Communities and Social Inclusion	Ms Sue Wallace

Chief Executive, ECH	Mr David Panter
Director, Economic Strategy, Department of the Premier and Cabinet	Mr Ben Wilson
Director Wellbeing and Resilience Centre, South Australian Health and Medical Research Institute	Ms Gabrielle Kelly
Chief Psychiatrist, Department for Health and Ageing	Dr Aaron Groves
Chief Executive, Department of Environment, Water and Natural Resources	Ms Sandy Pitcher

The governance structure also included an Expert Advisory Group. The role of this group was to provide expert content knowledge to the project team which would in turn be considered by the Strategic Taskforce.

Table 2: Membership of the project's Expert Advisory Group

Director Epidemiology, Department for Health and Ageing	Dr Katina D'Onise
Research Fellow, Southgate Institute, Flinders University of South Australia	Dr Toni Delany
Project Lead, Wellbeing and Resilience Centre, South Australian Health and Medical Research Institute	Mr David Kelly
Executive Director, Statewide Services and Child Development, Department of Education and Child Development	Ms Ann-Marie Hayes
Project Coordinator Public Health Planning, Local Government Association SA	Dr Rachel Earl

Principal Policy Adviser, Office of the Chief Psychiatrist, DHA	Ms Kay Anastassiadis
Manager, Community Services Health and Lifestyle, TAFE SA	Mr Brenton Smith
Chief Executive Officer, Community Centres SA	Ms Gill McFadyen

The project was also supported by a Project Team, responsible for undertaking and coordinating project work.

Table 3: Membership of the Project Team

Principal Policy Officer, Department of Communities and Social Inclusion	Mr Andrew Lambert
Director, Department of Communities and Social Inclusion	Ms Miranda Roe
Senior Policy Officer, Department of Communities and Social Inclusion	Mr Michael Boyt
Manager Strategic Partnerships, Department for Health and Ageing	Ms Carmel Williams
Senior Project Officer, Department for Health and Ageing	Ms Amy Sawford
Senior Consultant Change@SA, Department of the Premier and Cabinet	Ms Gess Carbone



5. SUMMARY OF THE LITERATURE

Literature scan

While wellbeing is something everyone can relate to (every day citizens, policymakers and researchers), it is also personal – we may all have different views of what precisely it is, and what it is made up of. Unsurprisingly, an agreed definition of wellbeing has been the centre of research and debate for decades, if not centuries.

Defining wellbeing is not a simple task. In fact, many researchers have considered it near impossible. For example, Thomas (2009) argues that wellbeing is ‘intangible, difficult to define, and even harder to measure’. This is reiterated throughout the literature. However striving to determine a definition is important, because as Dodge et al (2012) recognise, as the interest in measuring wellbeing grows - not only from policymakers and researchers but also from citizens – there is a greater need for a common language, to be clear about what is being measured, and how the resulting data should be interpreted and utilised by governments and other entities who aim to improve wellbeing (Dodge et al, 2012).

The literature scan did not aim to present a final definition, but to highlight the common elements of wellbeing that appear frequently in the literature. It also aimed to support what the Expert Advisory Group and Strategic Taskforce should consider in their deliberations to settle on an agreed definition of wellbeing for South Australians.

Literature related to describing the concept of wellbeing and the conceptual frameworks of what contributes to wellbeing were considered simultaneously.

In the project design workshop, agreement was reached that the focus needs to be on a “good enough” definition; given

- There is no widely accepted description or definition within professional or academic circles; and The primary importance of the determinants of wellbeing and measures to address these, over the definition itself;
- The need for a definition to be broad enough to reflect the multiple determinants of wellbeing, and different stakeholders interests in these;
- The need for a definition to be understandable across different levels (e.g. the ‘everyday person’ test) and applicable to different groups (e.g. different age, gender identities, culture).

It was also agreed that:

- A description and framework for wellbeing in South Australia needs to consider wellbeing at the individual, family, community and population level; and
- Both subjective and objective aspects of wellbeing need to be reflected, covering psychological, physical and social aspects.



Describing and defining wellbeing

Historically, the concept of wellbeing has been strongly contested, and considered ambiguous or impossible to define. Concepts related to, or that are considered to contribute to wellbeing (e.g. happiness) have been debated by scholars and philosophers for centuries. Indeed, while many wellbeing stakeholders and practitioners describe methods to increase wellbeing (e.g. PERMA), they may not utilise definitions or descriptions of what they consider wellbeing to be.

Historical research has led to the emergence of two distinct approaches to wellbeing: the hedonic approach, which focused on constructs including happiness, positive affect, low negative affect and satisfaction with life; and eudemonic approach which focused on positive psychological functioning and human development. In 1969, Bradburn published a highly cited paper that identified psychological wellbeing (which he equated with happiness) as the most significant variable in determining overall wellbeing. However, most researchers now agree that wellbeing is a multi-dimensional construct which is much broader than previous constructs such as Bradburn's.

The Oxford dictionary provides a simple definition of wellbeing as 'the state of being comfortable, healthy or happy' (Oxford Dictionary, 2016). There have been various approaches to wellbeing however, and the approach taken generally determines the type of definition or description that is allocated to the term. The two main broad approaches are individual wellbeing (focused around subjective, self-reported measures) and population wellbeing (focused on objective measures or a combination of both objective and subjective).

Wellbeing can also have additional cultural considerations e.g. for Aboriginal people, wellbeing includes social and emotional wellbeing and recognises the importance of connections to kinship, land/country, stories of creation (Dreaming) and spirit.

Perhaps as a reflection of the way wellbeing has been conceptualised and described historically, the majority of the literature focuses on individual/subjective/psychological wellbeing. Psychological approaches to wellbeing emphasise the individual and their ability to internally generate meaning and a sense of self. Common themes in the psychological wellbeing literature include self-acceptance, sense of purpose or fulfillment in life, sense of continued growth or feelings of interpersonal connectedness, happiness and subjective wellbeing (Schmutte and Ryff 1997). Coping capacity and sense of resilience are other themes that have emerged in the literature (de Chavez et al 2005).

Diener and Suh (1997) described subjective wellbeing as being made up of three interrelated components: life satisfaction, pleasant affect and unpleasant affect. The term affect refers to moods and emotions in response to particular actions, experiences or circumstances, and life satisfaction refers to a cognitive sense of satisfaction with life.

Ryff (1989) identified a number of different aspects that contribute to wellbeing: autonomy, environmental mastery, positive relationships with others, purpose in life, realisation of



potential, and self-acceptance. More recent research highlighted by Dodge et al (2012) emphasises aspects such as: ability to fulfil goals (Foresight Mental Capital and Wellbeing Project, 2008), happiness (Pollard and Lee, 2003), and life satisfaction (Seligman, 2002a). Many of these definition attempts have been criticised for being limited in their conceptualisation of what contributes to wellbeing and as simply describing the concept, rather than actually defining it. Foregard et al (2011, pg. 81) goes as far as to suggest that some researchers 'have preferred to ignore the multifaceted nature of wellbeing and equate it with one construct (often life satisfaction), leading to the unfortunate omission of other important aspects of wellbeing'.


Shin and Johnson (1978) offered a broad definition of wellbeing as 'a global assessment of a person's quality of life according to his (or her) own chosen criteria.' While this definition takes into account the subjective nature of wellbeing, it does so utilising another equally subjective and contested concept – quality of life. The World Health Organization provided the following (broadly accepted) definition of quality of life:

An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment (WHO 1997, p. 1).

This focus on achieving goals aligns with the views of a number of researchers, including Emerson (1985) and Felce and Perry (1995), who suggested that wellbeing stems from individuals' perception of their current situation and their aspirations. While many researchers agree that quality of life is an important consideration in relation to wellbeing, it should be considered as an element of wellbeing rather than as a definition in itself.

Keyes (2002) considered the symptoms of emotional, psychological and social wellbeing, and determined people's overall wellbeing through making a 'diagnosis of flourishing'. Keyes' work in this space led to the common use of the terms flourishing and languishing as scientific-based concepts rather than philosophical ideals as they had previously been presented. Keyes' work also influenced the development of a 'wellbeing manifesto for a flourishing society', as developed by Shah and Marks (2004, p. 2), in which wellbeing was defined as – '...more than just happiness. As well as feeling satisfied and happy, wellbeing means developing as a person, being fulfilled and making a contribution to the community.' Importantly in the context of this review, the manifesto also highlights the important role of government, stating that the aim of any democratic government should be to 'promote the good life: a flourishing society where citizens are happy, healthy, capable and engaged – in other words, with high levels of wellbeing' (Shah and Marks 2004, p. 2).

Dr Martin Seligman, a world-renowned leader in the field of positive psychology and former Adelaide Thinker in Residence reiterates the concept of flourishing and its relevance to wellbeing:



I used to think that the topic of positive psychology was happiness. I now think that the topic of positive psychology is wellbeing, that the gold standard for measuring wellbeing is flourishing, and that the goal of positive psychology is to increase flourishing (Seligman 2011, p.13).

Seligman (2011) highlighted five key elements which he believes to be the building blocks for a flourishing life: Positive emotion, Engagement, Relationships, Meaning and Accomplishment (PERMA).

While this review of the various descriptions, definitions and attempts at conceptualising the broad concept of wellbeing highlighted the complexity of this, it also identified common elements. These common elements included outcomes of actions or circumstances such as happiness, life satisfaction and quality of life as well as outcomes that are the actions of circumstances themselves such as relationships with others.

A wellbeing framework


A wellbeing framework was considered to be important to both support and widen the understanding of what wellbeing is and how it is best described, as well as identifying population measures that could be utilised to track progress around improving wellbeing.

The Australian Bureau of Statistics (ABS) are pioneers in this space, having published a framework (*Measuring Wellbeing: Frameworks for Australian Social Statistics*) in 2001, which has informed work around assessing population wellbeing, and influenced statistical activity to further enhance measures of population wellbeing (ABS 2008).

In 2008, the ABS further identified fundamental aspects of wellbeing, such as health, education, training, work, economic resources, housing, crime and justice, culture and leisure.

Based on this, it was proposed that a wellbeing framework for South Australia utilise both subjective and objective wellbeing measures, to capture what wellbeing means at the population, family and community, and personal level - and the interactions between these levels – i.e.:

- Individual (personal) wellbeing, relates to the way a person feels, and the things that impact them on a personal level. Individual wellbeing can be measured using people's subjective evaluation of themselves, based on their feelings, or by collating any number of observable attributes that reflect their wellbeing.
- Population (societal) wellbeing, relates to the collective attributes of society and groups within society. Population wellbeing can be measured objectively, using statistics to assess the number of people with particular attributes. I.e. the percentage of people with a particular health condition or a particular level of income or wealth.
- Interactions/connections between these levels can be described as transactions or social exchanges. These are events and circumstances that link individuals to their family, community and society as a whole. Transactions take place from birth until old



age and a series of negative transactions can significantly diminish wellbeing, whereas positive transactions can enhance it. Transactions highlight the interrelatedness that defines society, and the dynamic processes that influence wellbeing.

Central to the identification of wellbeing determinants is the recognition that these can impact at different levels i.e. :

- At the individual level - self-esteem, sense of achievement, opportunities for learning and career development, health, good personal relationships, personal safety etc.
- At the family and community level – health of family and close networks, access to community services and organisations, living standards, neighbourhood security, cultural and leisure opportunities etc.
- At the population wide or societal level – economic growth, job security, environmental stability, cost of living, effective and transparent political and legal systems etc.

A wellbeing framework should therefore also recognise social inequality – that through the nature of their circumstances, some population groups have reduced access to the determinants of wellbeing and therefore experience disadvantage.

The roles of statistical bodies such as the ABS is to continuously track social issues by identifying social groups and the issues that impact them, i.e. older people, indigenous people, victims of crime. These in turn inform government policy to effect change and improve on issues of social concern. It should however be noted, that some issues of social concern, are so individualized that statistical analysis does not capture these, hence the relevance of embedding wellbeing measures that capture more subjective and personal dimensions.

Settings and context are also important, and social issues that impact on the lives of individuals are not static, but shaped by timing, and fluctuating socio-political conditions that alter the resources available to certain groups, and thus their transactions within society.

Many wellbeing frameworks have been developed specifically for a particular context or population group (i.e. older people, children). While these are useful to consider, we are seeking a more general, population wide framework.

The ABS (2001) framework recognises the diverse needs of various population sub-groups and the roles different sectors can play in contributing to improving population wellbeing, and as such a framework for South Australian Wellbeing, should be modelled on this approach but considerate of the South Australian context, and flexible to the fluctuating socio-political climate.



6. KEY POINTS FROM THE LITERATURE

The review of literature and the ABS framework indicated that rather than aiming to add to definitions of wellbeing, it would be more beneficial to describe how improved wellbeing could be achieved for all

South Australians, recognising the critical elements evident in the literature, and those identified by South Australians through the survey.

This description of wellbeing improves understandings of both individual and population level approaches to wellbeing. Objective wellbeing measures are relevant in defining and affecting changes to wellbeing at a population level, whereas subjective measures capture individual views and perspectives on wellbeing.

7. RESULTS OF THE SURVEY

The aim of the survey was to capture what wellbeing means to everyday South Australian citizens, to help contextualize the theoretical evidence presented. As described in the Project Process and Methodology section of this report, survey participants were asked to identify domains that they felt contributed to wellbeing at three levels - Personal, Family/Community, and State Population level.

The survey was open for four weeks and in this time, 540 responses were received. The majority of respondents were older (e.g. 70% aged 45-75), with relatively few younger people (11% aged 18-34). Additionally, the majority of respondents were female (75%). From a geographical perspective (postcode analysis) 62.2% of respondents were from metropolitan Adelaide and 37.4% were from regional South Australia.

The results of the survey are provided as an infographic in a separate document which can be accessed at www.dcsi.sa.gov.au/wellbeing.

8. APPLYING THE EVIDENCE

From the evidence reviewed, associated citizen survey and project consultation, the following proposed description, framework and index for wellbeing were articulated:

Description of wellbeing

The see-saw (Figure 1) definition of wellbeing (Dodge et al 2012) presents wellbeing as a **balance between the resources available (to an individual, family, community or population) versus the challenges faced (by the individual, family, community or population)**. When the challenges faced by people or populations outweigh the resources they have to cope with them, we might expect to see a decline in wellbeing. Conversely, when individuals or populations are provided with additional resources, we would expect to see an increase or stabilisation in wellbeing.



Figure 1: Starting description of wellbeing ([from Dodge et al. 2012](#))

Resources could take a number of different forms – including personal relationships, access to services, knowledge and understanding, through to financial resources. Challenges could also include personal challenges faced by an individual, such as ill health or the loss of a family member; or those that face a population such as the occurrence of a natural disaster or an unemployment crisis.

However, through discussions with the Expert Advisory Group and project consultations, stakeholders felt that the Dodge definition was quite passive, in that it did not reflect the importance of aspiration and agency/opportunity in wellbeing i.e.:

- The role of aspiration in accessing resources and meeting challenges;
- The different resources that may be available and challenges that may present, subject to different aspirations
- The role of opportunity in accessing resources and facing challenges, based on circumstances (e.g. such as disadvantage)

Given this, the starting description was refined to reflect these factors. The amended final description that appears in the Statement was favoured as it:

- Describes wellbeing broadly – encompassing psychological, social and physical elements
- Is relevant and applicable to different levels of wellbeing (individual, family, community and population)
- Encompasses a broad range of determinants of wellbeing in the supporting framework
- Can be used to position different actions taken by different players to improve wellbeing (i.e. contributing to resources; mitigating challenges)
- Demonstrates the dynamic nature of wellbeing and how it can be influence
- Meets the ‘good enough’ requirements identified by stakeholders in the project design stage – i.e. is not highly technical, and is considered to be more broadly accessible and relatable for everyday citizens

Wellbeing framework

While description of wellbeing can be kept high level, it is important that it is underpinned by a framework which makes clear the various elements that contribute to determining wellbeing.

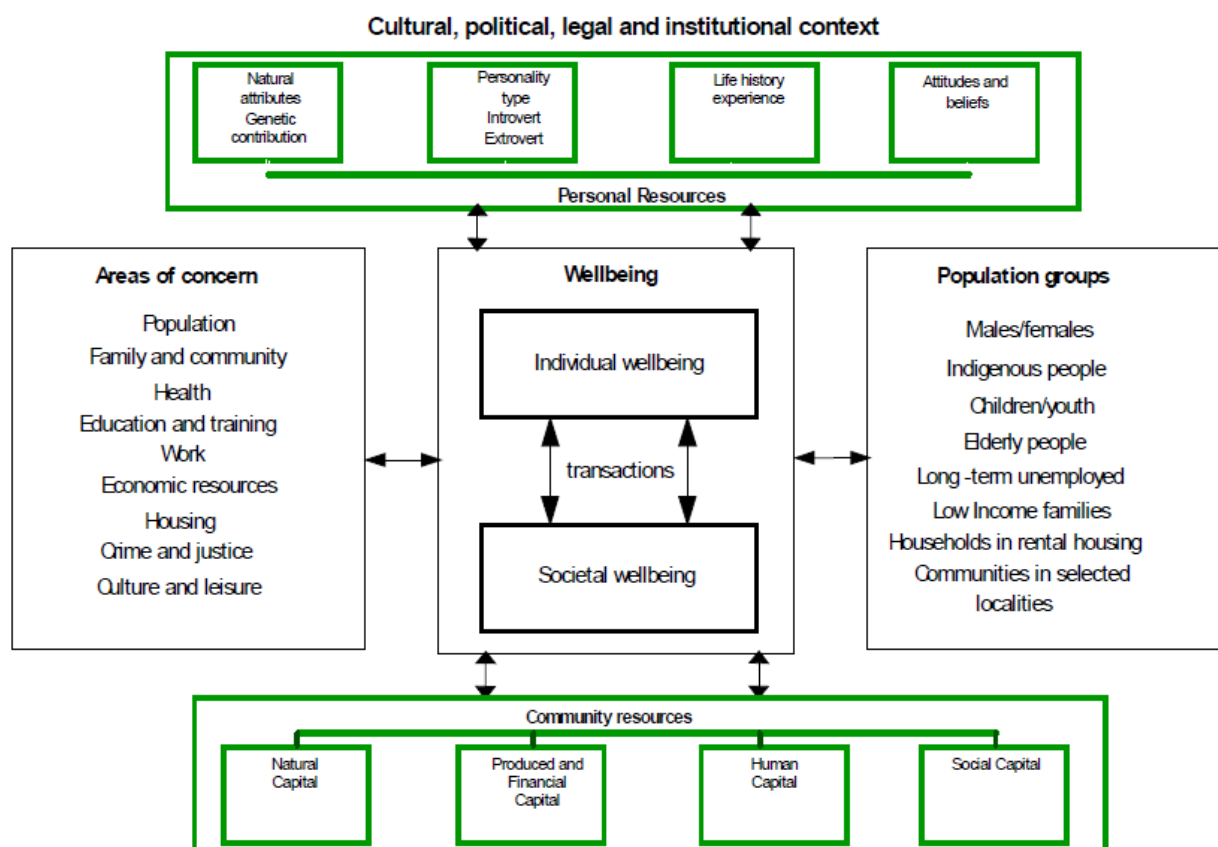


Figure 3: An extended framework for measuring wellbeing ([ABS, 2008](#)).



The above wellbeing framework in Figure 3 was developed by the Australian Bureau of Statistics (2008) following a review of a number of different frameworks which were being used to describe or measure population wellbeing.

This is a comprehensive framework which unpacks the transactions and various contexts that impact on the domains that shape wellbeing:

- Starting at its centre, the framework covers individual/personal wellbeing, as well as societal/population wellbeing, and describes the interactions or “transactions” between the two different levels
- “Transactions” are used to describe exchanges between the two levels and could include, for example, personal relationships
- It features the personal and community resources that individuals or populations might have access to which help to build and maintain their level of wellbeing. Poor access to these could impact negatively on wellbeing for that individual or population. This provides an opportunity to consider the concept of **equity**.
- On the left it describes the ‘areas of concern’ which can be thought of as the ‘determinants of wellbeing’ – the factors or domains that influence people’s ability to access resources, which in turn influence wellbeing.
- Provide direction under which State wellbeing index population measures/indicators might fit (e.g. if education is the determinant, you might include population measures around school enrolments [process measure] and literacy levels [impact measure]).
- On the right the framework highlights particular population groups which may be of interest. Evidence demonstrates that the most equitable societies have the highest levels of wellbeing. Therefore, a key goal of increasing population wellbeing should be decreasing inequities.

This ABS framework was further refined to illustrate the different ‘levels’ that the influences fit within – i.e. global, state and national, community and neighbourhood, personal. This revised framework was adopted for the Statement, as it:

- Demonstrates the complexity of wellbeing, highlighting the multi-faceted nature of the concept, and that it is influenced by many factors – most of which are not under the control of individuals.
- Articulates the determinants of wellbeing and provides the opportunity to describe how these interact.

- Complements the wellbeing description based on Dodge et al's (2012) see-saw diagram (in particular, the reference to resources).
- Provides an opportunity to position equity, which is critical in shifting population level outcomes, as a critical component of wellbeing in South Australia.
- Provides space to link the roles of different parties in contributing to wellbeing at different levels through influencing the resources available to individuals and populations.
- Was similarly felt to be 'good enough' in that is simpler and thus likely more accessible and relatable for everyday citizens.

State Wellbeing Index

The concept of a State based wellbeing (or quality of life) index or similar was identified for consideration from the commencement of the project, given the potential for:

- A State Index to:
 - Provide a logical extension to the development of a wellbeing description and framework, by articulating how SA is progressing in improving wellbeing
 - Provide a shared focal point for efforts to address wellbeing;
 - Add to common language between wellbeing stakeholders within SA;
- SA to be the first Australian jurisdiction (and one of the first in the world) to systematically measure and track population wellbeing at a sub-national level.

The idea of developing a South Australian Wellbeing Index was originally recommended by Professor Ilona Kickbusch as part of her 2007/08 term as Thinker in Residence. A similar recommendation was also made by Professor Martin Seligman at the end of his residency.

Through the development of the project, the concept of a State Wellbeing Index was supported by the Strategic Taskforce (including Ministers Bettison and Vlahos), the Expert Advisory Group and through project consultations.

However, the project also identified a number of complex issues that required further consideration before developing an index. These issues would need to be resolved in progressing this work further, however it became clear that due to the project 90 day timeframe, further consideration of these issues would need to occur after the project.



9. OUTCOMES AND NEXT STEPS

The Statement was officially launched by the Premier of South Australia, the Hon Jay Weatherill, at the Fifth International Positive Psychology Conference in Adelaide on 23 September, 2016.

As part of the launch, the Premier also announced the intention to develop a Wellbeing Index to measure and track improvements in the wellbeing of South Australians.

In line with the SA Government's Reforming Democracy agenda, the first step in this work to seek the views of South Australians about this. A YourSAy survey and discussion board was launched as an outcome of the 90 Day Project, to determine whether every day South Australians think it is beneficial to measure and track the wellbeing of the population, and how they think the Wellbeing Index should be developed.

The results of this work will inform the commencement of the work on a South Australian index.

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- Gillian Britton for editing the Statement
- Bethany Keough for contributing to the development and analysis of the survey
- All stakeholders who contributed to the project
- All South Australians who contributed to the survey

APPENDIX 1

SA: A State of Wellbeing – SURVEY

What does wellbeing mean to you?

Wellbeing is a broad term that often means different things to different people. Wellbeing can be influenced by many things, and can affect us individually, as a community and as a whole state.

The purpose of this short survey is to identify what wellbeing means to you personally, for other people that you are close to and for South Australians as a whole. The survey should take no more than 10 minutes to complete.

Your answers will inform what it means for South Australia to be a [‘State of Wellbeing.’](#)

1. Personal wellbeing

Personal wellbeing considers the psychological/emotional/physical factors that shape your individual sense of being well. Please indicate how important you think the following factors are in contributing to your personal wellbeing (please tick only one response to each factor listed below).

	Unsure	Not important	Somewhat important	Very important	Essential
Emotional/mental health					
Physical health					
Spirituality and religion					
Sense of happiness and life satisfaction					
Positive self-esteem					
Sense of achievement					
Your sense of control over decisions that affect your life					
Opportunities for employment and career development					
Opportunities for continued education and learning					



Adequate income (from any source i.e. work, pension)					
Work life balance					
Leisure opportunities (i.e. entertainment, sports, hobbies etc.)					
Having good personal relationships/ friendships					
Acceptance of your personal identity (i.e. gender, sexuality, culture)					
Support and acceptance of disability (mental or physical)					
Personal safety					

Do you have any other comments about what contributes to personal wellbeing:.....

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2. Family and community wellbeing

Family and community wellbeing considers the factors that affect the wellbeing of the people who are important to you or are in your immediate social networks (i.e. your family members, friends, and people in your local community). Please indicate how important you think the following factors are in contributing to the wellbeing of your family and community (please tick only one response to each factor listed below).

	Unsure	Not important	Somewhat important	Very important	Essential
Having good health (your health and the					



health of your family/close networks)					
Access to health services					
Access to schools and education					
Access to childcare					
Access to other community services and organisations					
Access to higher education					
Opportunities to be active					
Time spent with family and friends					
Living standards (housing quality, stability, location)					
Cost of living (housing, groceries, services)					
Safety and security (household/neighbourhood)					
Culture and kinship (opportunities for connection with cultural roots)					
Feeling part of the community (knowing, interacting and getting along with others)					
Having strong social support networks (people to rely on in times of need)					
Opportunities for community engagement and contribution (local community events or groups)					
Vibrancy (lively public spaces and					



local events)					
Progress and agency (feeling able to have your say or contribute to change in your community)					

Do you have any other comments about what contributes to your family and community wellbeing:.....

3. SA Population wellbeing

Population wellbeing considers the factors that influence the wellbeing of all South Australians. Please indicate how important you think the following factors are in contributing to the wellbeing of the South Australian population (please tick only one response to each factor listed below).

	Unsure	Not important	Somewhat important	Very important	Essential
Economic growth					
Job security and opportunities					
Environmental stability and sustainability					
Availability and accessibility of services (hospitals, schools, transport, community services)					
State/national security (defence)					
Entertainment and events					



Housing affordability					
Cost of living					
Effective and transparent political and legal processes/systems					
Justice and equity for all (i.e. minimising racial discrimination, gender equality)					

Do you have any other comments about what contributes to the wellbeing of the South Australian population?.....

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4. Demographic questions

Your answers to the following questions will help in the analysis of your responses in this survey.

Gender

Please select your gender

Male Female Other

Cultural Background

Were you born in Australia? yes/no

Do you identify as Aboriginal and/or Torres Strait Islander yes/no

What language do you speak at home? English/other – please specify.....

Age

Please select your age range:



Under 18

18 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65 – 74

75 - 84

85+

What is your current postcode?

Thank you for taking the time to complete this survey.