

Geography Level 10

Chapter 4 — Geographies of human wellbeing

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How well are people living? Measuring wellbeing and comparing countries

Curriculum — Geography 10 · Chapter 4: Human wellbeing and development (VC2HG10K15).

Content description: VC2HG10K15. Elaborations drawn on (all four; none excluded — TOC §2A records no exclusions for this content description): .E01, .E02, .E03, .E04. Both *wellbeing* and *development* are contested terms: each is defined at first use with its source, positions are steelmanned before being weighed, and items on them mark the reasoning, not the conclusion reached (CONTESTED_TERMS Rules 1–5). No First Nations content is involved in this section. Related sections in this book: 4B (differences in wellbeing across Australia), 4C (spatial analysis at local and regional scales), 4D (responses to differences in wellbeing).

Teaching sequence (for teachers)

This block is teacher-facing guidance, not student text. Allow about 6 lessons.

1. **Hook — one country, three answers.** Ask: “Is Australia a rich country? Is it a good place to live?” Let students answer with whatever measure they know (money, sport, health, safety). Show Figure 5 with the legend covered and ask what they think the dark and pale blues will turn out to mean. Lead into **Key ideas 1**: *wellbeing* and *development* are contested terms — fix the section’s working definitions and run the steelman box.
2. **The five measures (.E01).** Figure 1 compares the five measures the curriculum names. Define *indicator*, *index* and *per capita* at first use. Figure 2 takes the HDI apart with Australia’s real 2023 values; Figure 3 does the same for the PQLI. Run Worked example 1 (building Australia’s HDI by hand) here.
3. **The global pattern (.E02).** Figures 4 and 5 give the distribution by country and the world map. Drill the describing language: clusters, concentrations, counts by category (74/50/43/26). Then speculate on causes with the discipline the section repeats: patterns suggest, they do not prove.
4. **Trends over time (.E03).** Figure 6 runs the seven countries from very high to low. Students should be able to read both the level and the speed of change, and to say which countries crossed category cut-offs between 1990 and 2023.
5. **Money and wellbeing (.E01, .E02).** Figure 7 is the turn of the section: income and HDI usually agree but disagree in detail. Run Worked example 2 (Sri Lanka and South Africa) here. Figures 8 and 9 then open .E04 with poverty and gender inequality.
6. **Poor wellbeing by indicator (.E04) and consolidation.** Figure 10 brings the seven indicators together. The inquiry task is the section’s real-source data task (UNDP and World Bank, with retrieval dates and BOLTSS). The unscaffolded set suits lessons 5–6.

Assessment notes: the contested-term and speculation items (Q7, Q10, Worked example 2) mark reasoning, not the position reached (CONTESTED_TERMS Rule 5) — make this explicit to students. All data in this section is real, dated and citable; retrieval dates are in the Sources list.

Key ideas

1. Wellbeing and development: two contested terms

Wellbeing means how well people’s lives are going for them. The United Nations Development Programme (UNDP) — the UN body that publishes the Human Development Index — puts it this way: development should enlarge people’s ability to live long, healthy lives, to be educated, and to have a decent standard of living. This section uses that framing as its working definition: **human wellbeing is tracked through health, education and income**, the three families of conditions a good life is built on.

Development is the process by which a place improves over time. It too is a **contested term**: different people and organisations define the goal differently.

Hear both sides (a “steelman” is the strongest, fairest version of each argument) — is money the right way to measure development? *For money-based measures*: income can be counted, compared and

tracked year by year for almost every country; and money buys the food, housing, medicine and schooling that good lives are made of. Countries with high incomes usually show high health and education too. *For broader measures:* money is an average, and averages hide how income is shared; money cannot buy everything people value — safety, voice, freedom, clean air — and two countries with similar incomes can give their people very different lives, as Sri Lanka and South Africa do in Worked example 2. Either position can be defended. This section’s response is practical: no single measure is trusted alone. Five measures are compared, and where they disagree, the disagreement itself becomes evidence.

The disagreement is not just academic. The measure a government chooses decides what it tries to improve, and what it ignores.

2. Five ways of measuring development and wellbeing (E01)

An **indicator** is a measurable sign of something that cannot be measured directly. Wellbeing cannot be counted; life expectancy, years of schooling and income can. An **index** is a single score built by combining several indicators. “Per capita” means “per person”: a country total divided by its population. Figure 1 compares the five measures the curriculum names.

Five ways of measuring development and wellbeing

as named in the Victorian Curriculum elaboration for this section

Measure	What it is	Produced by	What it shows	What it does not show
GDP per capita	The total market value of the goods and services a country produces in a year, divided by its population.	National statistical offices; World Bank	Average income is easy to compare between countries and over time.	Says nothing about how income is shared, unpaid work, health, education or environmental damage.
GNI per capita	The income earned by a country's people (including money flowing in and out across borders), divided by its population.	World Bank, Atlas method	Closer than GDP to the income people can actually live on.	Still an average, and still only about income.
Human Development Index (HDI)	An index that combines life expectancy, years of schooling and GNI per capita into one number from 0 to 1.	UNDP, every year since 1990	Covers health, education and income in one comparable number.	Hides differences inside a country; no environmental or freedom measures.
Physical Quality of Life Index (PQLI)	The average of three scores, each from 0 to 100: basic literacy, infant mortality, and life expectancy at age one.	Morris David Morris, Overseas Development Council, mid-1970s	Focuses on basic human outcomes rather than money.	Leaves income out; mostly replaced by richer indexes like the HDI.
Genuine Progress Indicator (GPI)	Personal spending, plus non-market benefits such as household work, minus social and environmental costs such as pollution and crime.	Redefining Progress (Cobb, Halstead and Rowe), 1995	Separates real welfare progress from economic growth alone.	Some costs and benefits are hard to value in money; produced for far fewer countries than GDP.

Compiled by the author from UNDP Human Development Report 2025; World Bank, data.worldbank.org; Morris (1979); Redefining Progress (1995). Retrieved 25 August 2026.

A five-row table comparing the five measures used in this section. Row one, GDP per capita: the total market value of the goods and services a country produces in a year, divided by its population; produced by national statistical offices and the World Bank; shows average income that is easy to compare between countries and over time; says nothing about how income is shared, unpaid work, health, education or environmental damage. Row two, GNI per capita: the income earned by a country's people, including money flowing in and out across borders, divided by its population; produced by the World Bank using its Atlas method; closer than GDP to the income people can actually live on; still an average, and still only about income. Row three, Human Development Index (HDI): an index that combines life expectancy, years of schooling and GNI per capita into one number from 0 to 1; produced by UNDP every year since 1990; covers health, education and income in one comparable number; hides differences inside a country and has no environmental or freedom measures. Row four, Physical Quality of Life Index (PQLI): the average of three scores, each from 0 to 100 — basic literacy, infant mortality, and life expectancy at age one; produced by Morris David Morris for the Overseas Development Council in the mid-1970s; focuses on basic human outcomes rather than money; leaves income out and has been mostly replaced by richer indexes like the HDI. Row five, Genuine Progress Indicator (GPI): personal spending, plus non-market benefits such as household work, minus social and environmental costs such as pollution and crime; produced by Redefining Progress (Cobb, Halstead and Rowe) from 1995; separates real welfare progress from economic growth alone; some costs and benefits are hard to value in money, and it is produced for far fewer countries than GDP.

Figure 1 — Five ways of measuring development and wellbeing, compared. Source: original table created for this section, from UNDP (2025), World Bank (2024), Morris (1979) and Redefining Progress (1995). Retrieved 25 August 2026.

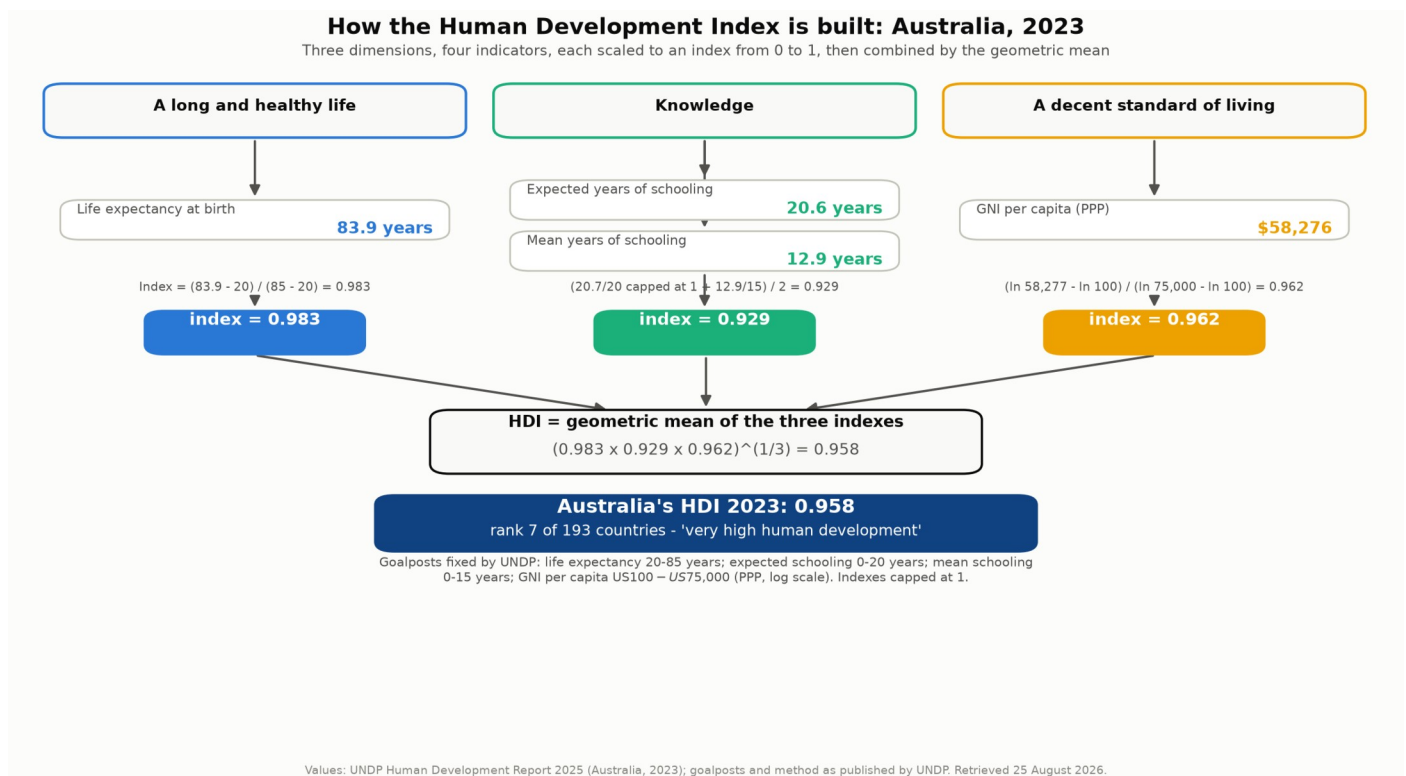
Four things to notice in Figure 1:

- **Two measures are money only** — GDP per capita and GNI per capita. GDP counts what is produced inside a country; GNI counts what its people earn, including money that flows in and out across borders. The World Bank publishes both for almost every country, in current US dollars, which is why they are the most compared numbers in the world.
- **One combines money with health and education** — the HDI, published by UNDP every year since 1990. Key ideas 3 takes it apart.
- **One measures outcomes without money at all** — the PQLI, built in the 1970s to ask a sharper question: whatever a country's income, are its people literate, and do its babies survive? Key ideas 4 takes it apart.

- **One starts from money and then adjusts it** — the GPI adds the value of unpaid work such as household care, and subtracts costs such as pollution, crime and the running down of natural resources. In the United States, GDP rose strongly from 1950 to 1994 while the GPI almost stood still — growth, in other words, without measured progress. Research across many countries has since found that average GPI stops rising with GDP once GDP per capita passes roughly US\$7,000. Australian researchers have built GPI estimates for Australia on the same method.

3. The Human Development Index, taken apart

The HDI combines three **dimensions** — a long and healthy life, knowledge, and a decent standard of living — using four indicators. Each indicator is converted to an index between 0 and 1 using fixed lowest and highest values (UNDP calls these the goalposts), and the three dimension indexes are combined by the **geometric mean** — the cube root of the three indexes multiplied together. Figure 2 runs the whole method with Australia's real 2023 values.



A diagram showing how the Human Development Index is built, using Australia's 2023 values. Three columns, one per dimension. Column one, a long and healthy life: indicator life expectancy at birth, 83.9 years; index calculation (83.9 minus 20) divided by (85 minus 20) equals 0.983. Column two, knowledge: indicators expected years of schooling, 20.7 years, and mean years of schooling, 12.9 years; calculation (20.7 divided by 20 capped at 1, plus 12.9 divided by 15) divided by 2 equals 0.929. Column three, a decent standard of living: indicator GNI per capita (PPP), \$58,277; calculation (ln 58,277 minus ln 100) divided by (ln 75,000 minus ln 100) equals 0.962. Arrows from the three dimension indexes feed one box: HDI equals the geometric mean of the three indexes, (0.983 times 0.929 times 0.962) to the power one-third, equals 0.958. A final banner reads: Australia's HDI 2023: 0.958, rank 7 of 193 countries, very high human development. A footer notes the goalposts fixed by UNDP: life expectancy 20 to 85 years; expected schooling 0 to 20 years; mean schooling 0 to 15 years; GNI per capita US\$100 to US\$75,000 (PPP, log scale); indexes capped at 1.

Figure 2 — How the HDI is built: Australia, 2023. Source: UNDP Human Development Report 2025 (Australia's 2023 values); goalposts and method as published by UNDP. Retrieved 25 August 2026.

Three things about the method matter for reading HDI sensibly:

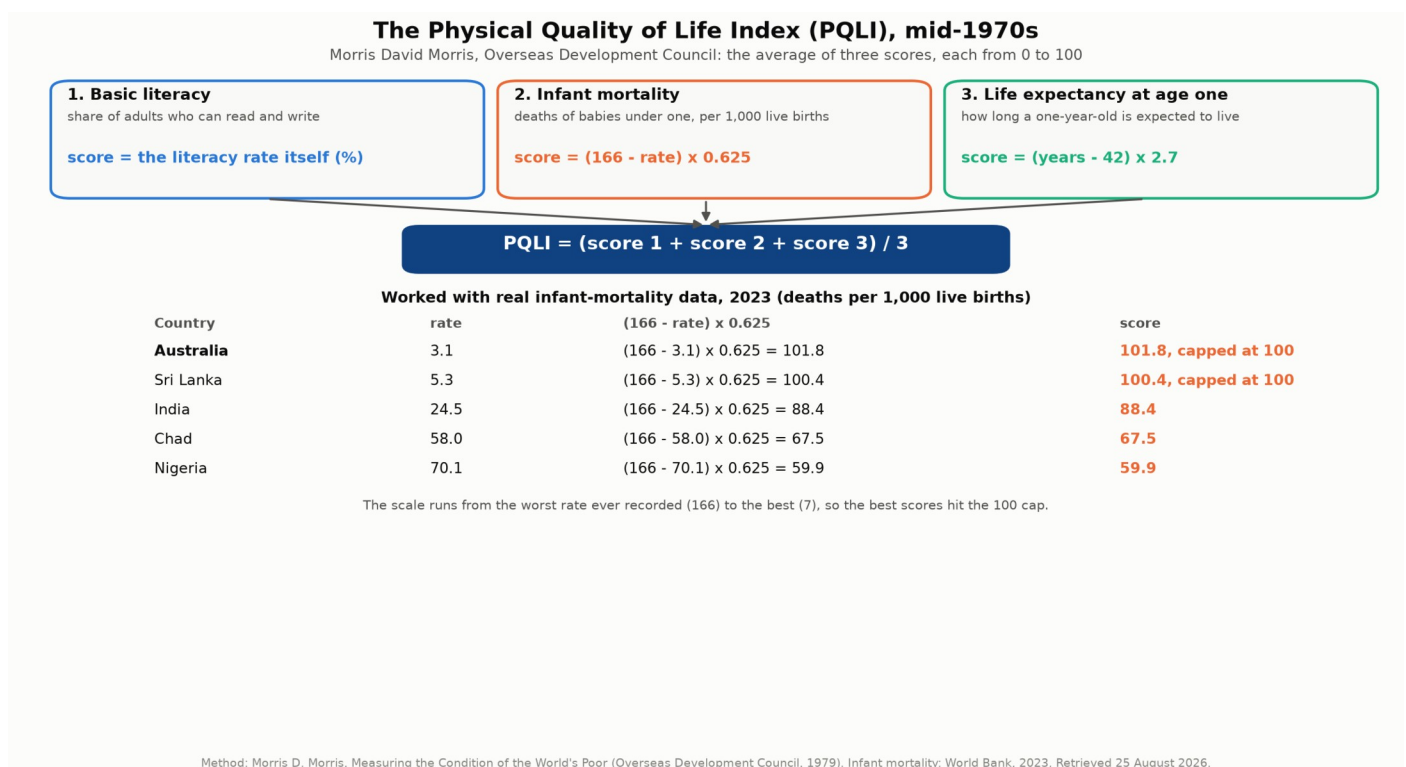
- **The income index uses a log scale** — the top of the scale is US\$75,000, the bottom US\$100 — because each extra dollar matters less to wellbeing once basic needs are met. Going from \$1,000 to \$2,000 changes a life far more than going from \$60,000 to \$61,000.

- **The geometric mean punishes one-sided progress.** A country that is rich but sick, or educated but poor, scores lower than a country that does reasonably across all three dimensions. This is the HDI's built-in argument that money alone is not development.
- **Every country gets a category.** UNDP sorts the 193 ranked countries into very high human development (HDI 0.800 and above), high (0.700–0.799), medium (0.550–0.699) and low (below 0.550). In 2023: **74 very high, 50 high, 43 medium, 26 low.** Australia sits in the very high group at 0.958, ranked 7 of 193.

The HDI still has limits, and stating them is part of using it well: it says nothing about how wellbeing is shared *inside* a country, nothing about freedom, safety or the environment, and it depends on data that is weaker in some countries than others.

4. The Physical Quality of Life Index: outcomes without money

The PQLI was built in the mid-1970s by Morris David Morris for the Overseas Development Council, when many researchers argued that income measures were missing the point of development. Its design is simple: three components, each scored from 0 to 100, averaged.



An explainer diagram of the Physical Quality of Life Index. Three boxes across the top: 1. Basic literacy — the share of adults who can read and write, score is the literacy rate itself in per cent; 2. Infant mortality — deaths of babies under one per 1,000 live births, score is (166 minus the rate) times 0.625; 3. Life expectancy at age one — how long a one-year-old is expected to live, score is (years minus 42) times 2.7. Arrows from all three feed a banner: PQLI equals (score 1 plus score 2 plus score 3) divided by 3. Below, a table works the infant-mortality conversion with real 2023 values: Australia 3.1 gives 101.8, capped at 100; Sri Lanka 5.3 gives 100.4, capped at 100; India 24.5 gives 88.4; Chad 58.0 gives 67.5; Nigeria 70.1 gives 59.9. A footer reads: the scale runs from the worst rate ever recorded (166) to the best (7), so the best scores hit the 100 cap.

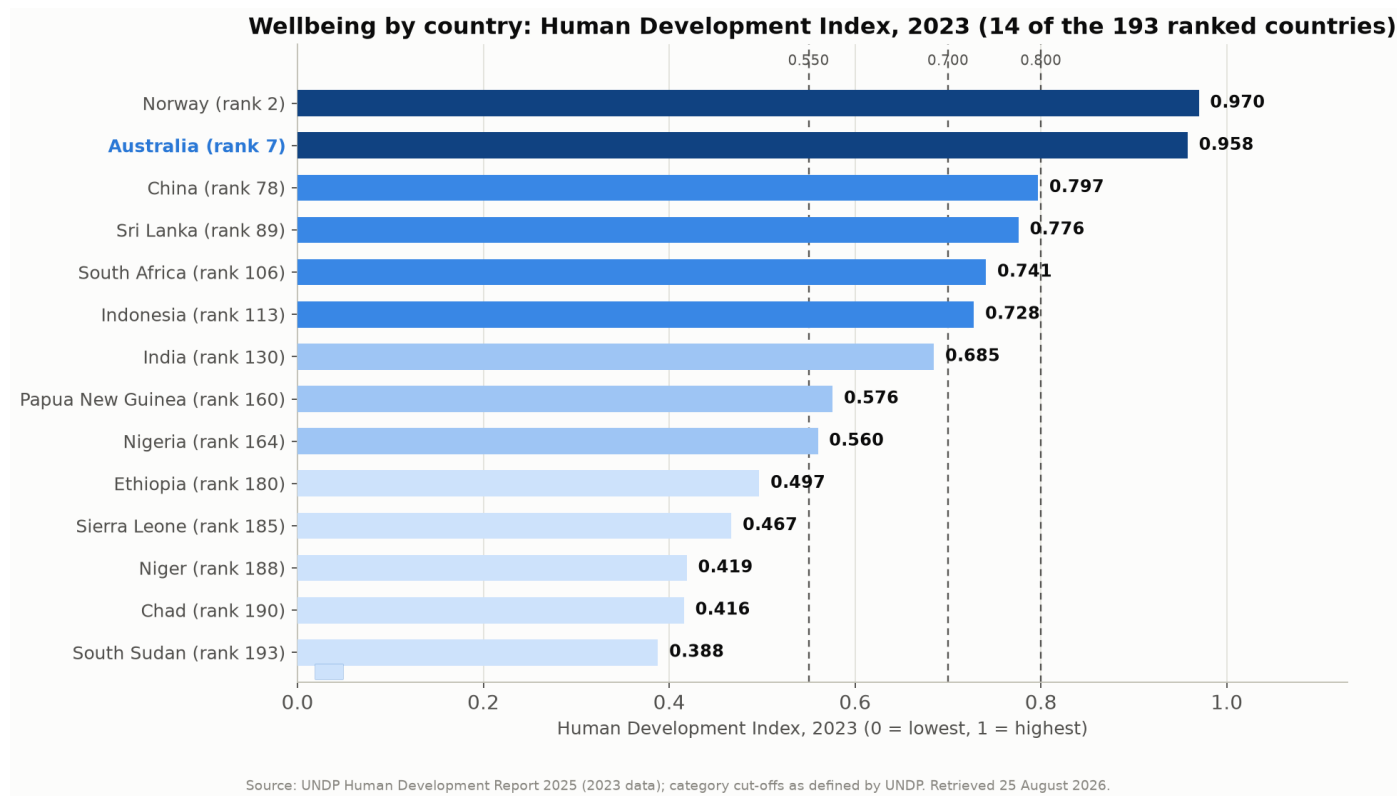
Figure 3 — The PQLI method, worked with real infant-mortality data. Source: method from Morris D. Morris, *Measuring the Condition of the World's Poor* (Overseas Development Council, 1979); infant-mortality rates from the World Bank, 2023. Retrieved 25 August 2026.

The PQLI's infant-mortality scale shows how the method thinks: the worst rate ever recorded (166 deaths per 1,000) scores 0, the best (7) scores 100, and every country sits somewhere between. Australia's 2023 rate of 3.1 works out to 101.8 — above the top of the scale, so it is capped at 100; Nigeria's 70.1 scores 59.9; Chad's 58.0 scores 67.5.

The PQLI is rarely computed today — the HDI’s richer design replaced it — but it keeps two ideas alive that this section uses: **outcomes can be measured without money**, and **a country’s score should be judged by what happens to its people, not by what it produces**.

5. The global pattern of wellbeing (E02)

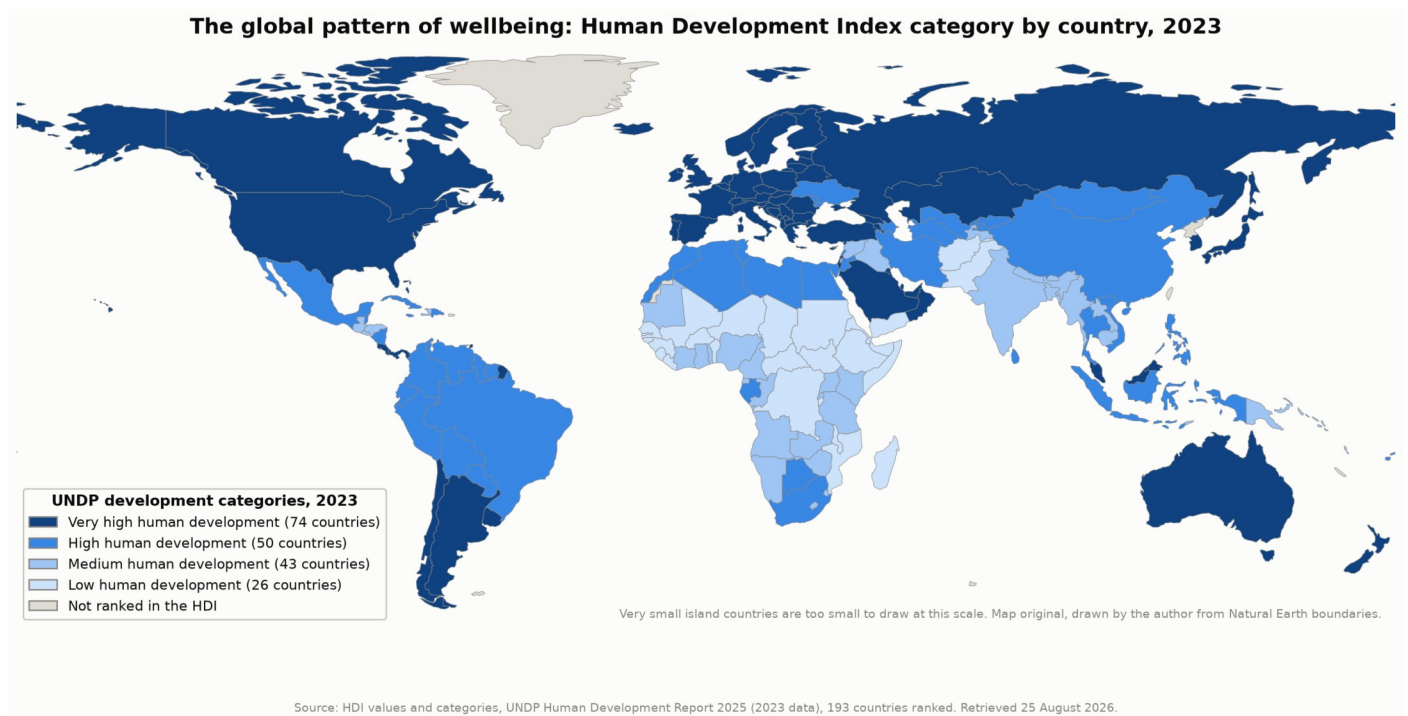
Figure 4 shows HDI values and categories for fourteen of the 193 ranked countries, from the top of the table to the bottom.



A horizontal bar chart of Human Development Index values for fourteen countries in 2023, bars coloured by UNDP category, from Norway 0.970 (rank 2, very high, dark blue) and Australia 0.958 (rank 7, very high, dark blue — its label emphasised as the home country), through China 0.797 (rank 78, high), Sri Lanka 0.776 (rank 89, high), South Africa 0.741 (rank 106, high), Indonesia 0.728 (rank 113, high), India 0.685 (rank 130, medium), Nigeria 0.560 (rank 164, medium), Papua New Guinea 0.576 (rank 160, medium), down to Ethiopia 0.497 (rank 180, low), Sierra Leone 0.467 (rank 185, low), Niger 0.419 (rank 188, low), Chad 0.416 (rank 190, low) and South Sudan 0.388 (rank 193, low). Dashed vertical lines mark the three UNDP category cut-offs at 0.550, 0.700 and 0.800.

Figure 4 — Human Development Index by country, 2023. Source: UNDP Human Development Report 2025 (2023 data); category cut-offs as defined by UNDP. Retrieved 25 August 2026.

Figure 5 puts every ranked country on the map.



A world choropleth map in which every country is coloured by its UNDP Human Development Index category in 2023: dark blue for very high human development, mid blue for high, pale blue for medium, very pale blue for low, and grey for areas not ranked in the HDI. The legend gives the counts — 74 countries very high, 50 high, 43 medium, 26 low — plus the grey not-ranked areas. The pale blues concentrate in Sub-Saharan Africa with scattered members in the Arabian Peninsula and South Asia; the dark blues concentrate in Europe, North America, southern South America, Japan, Korea, Australia and New Zealand, and the oil-producing states of the Gulf. A footer notes that very small island countries are too small to draw at this scale and that the map is original, drawn by the author from Natural Earth boundaries.

Figure 5 — The global pattern of wellbeing: HDI category by country, 2023. Source: HDI values and categories, UNDP Human Development Report 2025 (2023 data), 193 countries ranked; map original, drawn by the author from public-domain Natural Earth boundaries. Retrieved 25 August 2026.

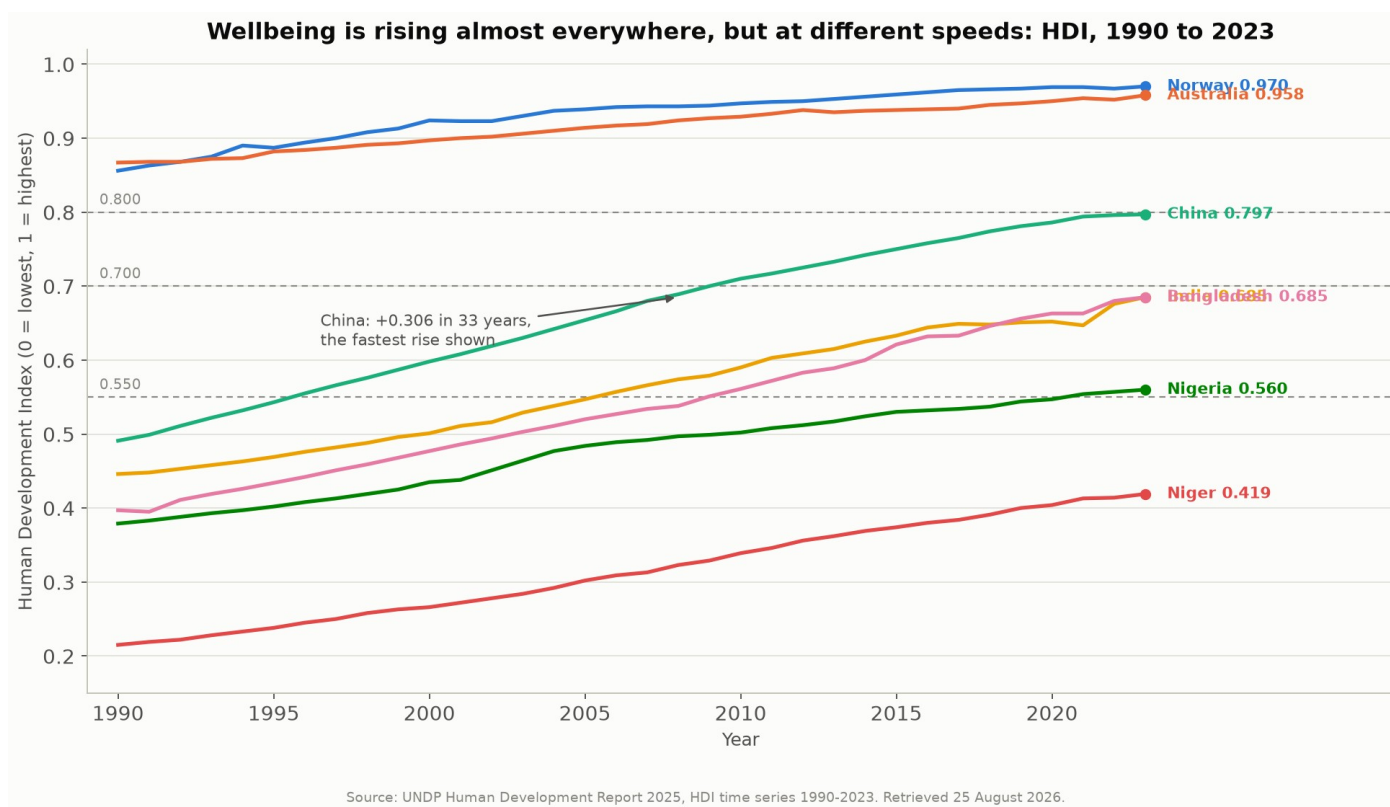
Describe the pattern (read *where*, not just *how much*). Wellbeing at country scale is not scattered at random — it clusters:

- **The very high category (74 countries)** is dominated by Europe, and also includes the United States and Canada, Australia and New Zealand, Japan and South Korea, Singapore, and the oil-producing Gulf states such as Saudi Arabia, Qatar and the United Arab Emirates.
- **The low category (26 countries)** is concentrated almost entirely in Sub-Saharan Africa — twenty of the twenty-six, including South Sudan (0.388, ranked last), Chad, Niger, Sierra Leone and Ethiopia. The other six sit in the Horn of Africa and the Arabian Peninsula (Somalia, Sudan, Djibouti, Yemen) and in South Asia (Afghanistan, Pakistan).
- **In between**, most of Asia and Latin America sits in the high and medium bands, and Australia's nearest neighbours sit low on the scale: Papua New Guinea at 0.576 (medium) and Indonesia at 0.728 (high).

Speculate on the causes (.E02) — with discipline. Patterns suggest causes; they do not prove them. The reasons countries differ in wellbeing are themselves contested, and any list of causes is a set of claims to test, not settled fact. Claims that fit this pattern include: the lasting effects of **colonial rule** (when one country governed another for its own benefit, often leaving weak institutions behind); **conflict and political violence** (South Sudan, Somalia and Afghanistan have all had long wars, and war destroys the services wellbeing depends on); **distance and climate** (many low-HDI countries are landlocked or tropical, which raises trade costs and disease burdens); and the **choices governments make** about taxes, health, schooling and the status of women — choices, because countries at similar incomes can make different ones, as Worked example 2 shows. Two rules apply to every cause named here: say which part of the pattern points to it, and accept that other causes could fit too.

6. Trends: almost everyone is improving, at different speeds (E03)

Figure 7 tracks HDI from 1990 to 2023 for seven countries chosen across the range.



A line graph of Human Development Index values from 1990 to 2023 for seven countries. Norway rises gently from 0.856 to 0.970; Australia from 0.867 to 0.958; China climbs steeply from 0.491 to 0.797; India from 0.446 to 0.685; Bangladesh from 0.397 to 0.685; Nigeria slowly from 0.379 to 0.560; Niger from 0.215 to 0.419. Dashed horizontal lines mark the UNDP category cut-offs at 0.550, 0.700 and 0.800. A note marks China's gain of 0.306 in 33 years as the fastest rise shown. Every line trends upward, but the gaps between lines in 2023 remain wide.

Figure 6 — Wellbeing is rising almost everywhere, but at different speeds: HDI, 1990 to 2023. Source: UNDP Human Development Report 2025, HDI time series 1990–2023. Retrieved 25 August 2026.

Read the figure for both **level** and **speed**:

- **Every country rises.** There is no country in Figure 6 whose HDI fell over the whole period. World wellbeing is trending up.
- **Speeds differ sharply.** China gained 0.306 in 33 years — the fastest rise shown — and crossed from low to high human development on the way. Bangladesh gained 0.288 and overtook several richer neighbours to land exactly level with India (0.685). Nigeria, with a gain of 0.181, took 33 years to reach where Bangladesh had started (0.560 in 2023, against Bangladesh's 0.561 in 2005).
- **Gaps persist despite growth.** Niger's HDI rose steadily — 0.215 to 0.419 — yet it remains far below the medium cut-off, while Norway began in 1990 already above where every country in the bottom group sits today. Rising trend lines do not, by themselves, close gaps.

This is what comparing trends (.E03) is for: it separates countries that are improving quickly from countries that are improving slowly, and it turns “the world is unequal” into a testable question about *rates of change*.

7. Income and wellbeing: mostly together, often apart (E01, E02)

Figure 7 plots what the money measures say against what the HDI says.



A scatter graph of fifteen countries. The horizontal axis is GNI per capita in current US dollars for 2024 on a log scale; the vertical axis is Human Development Index for 2023, with faint horizontal bands shading the four UNDP categories. Countries run from Switzerland, Norway, the United States, Iceland and Australia in the top right (high income, HDI above 0.930), through Japan, China, Brazil and Indonesia in the middle, to Sri Lanka, India, Papua New Guinea, Nigeria and Niger at the bottom left. A bracket between Sri Lanka and South Africa reads: Similar incomes, different outcomes — Sri Lanka (HDI 0.776) out-ranks South Africa (HDI 0.741) on less than two-thirds of the income.

Figure 7 — Does more income mean more wellbeing? GNI per capita against HDI, 15 countries. Source: GNI per capita, World Bank Atlas method, 2024; HDI, UNDP Human Development Report 2025 (2023 data). Retrieved 25 August 2026.

The broad pattern is clear: richer countries generally have higher HDI. The exceptions are where the lesson is:

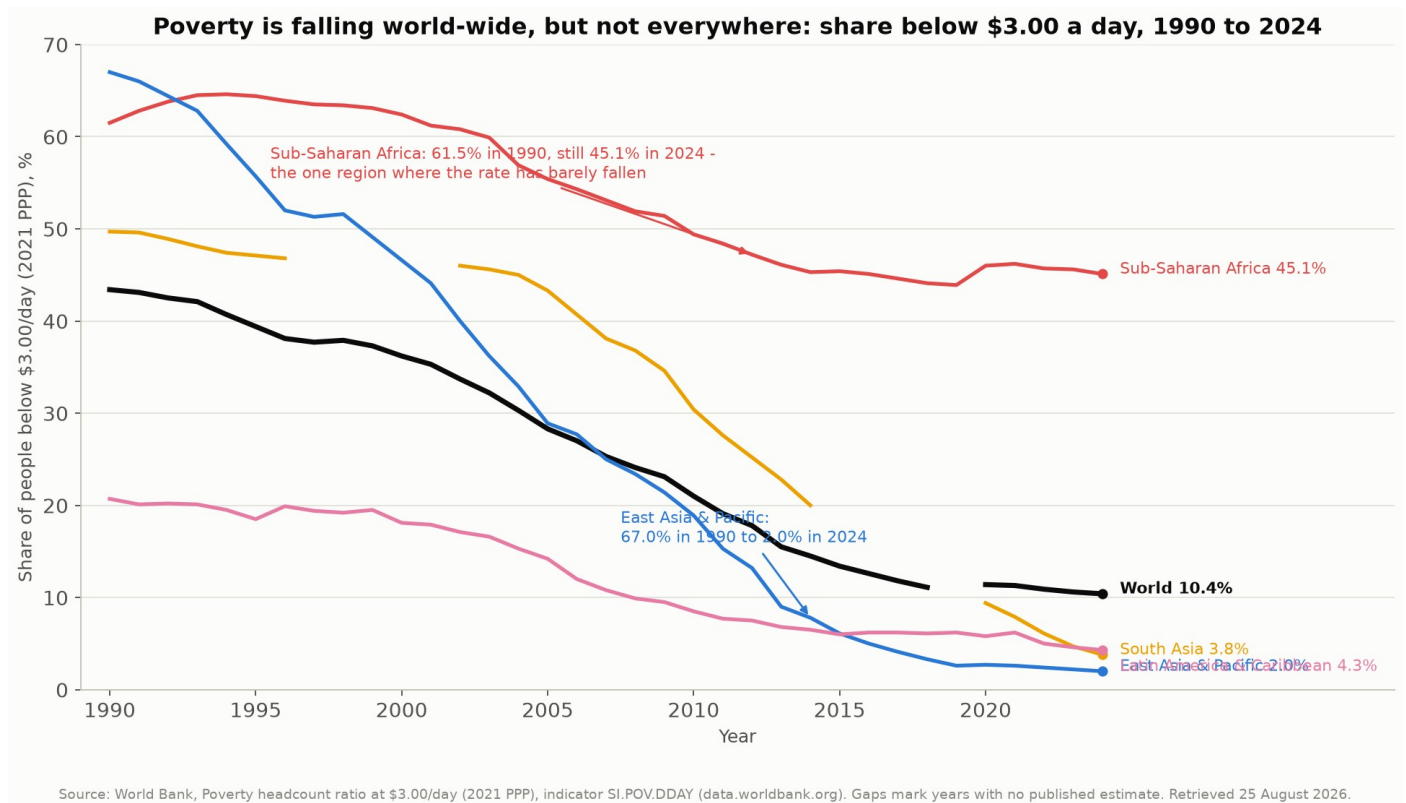
- **Sri Lanka and South Africa** have GNI per capita of US\$3,870 and US\$6,110 — South Africa about 1.6 times richer — yet Sri Lanka's HDI is higher (0.776 against 0.741). The gap sits almost entirely in health: life expectancy is 77.5 years in Sri Lanka against 66.1 in South Africa, a difference of 11.4 years.
- **Norway and the United States** sit at similar income levels, yet Norway out-ranks the United States on HDI (0.970 against 0.938) and by a wide margin on gender equality (GII 0.004 against 0.169).

Money buys the ingredients of wellbeing; it does not guarantee the recipe. How income is shared, and what governments spend it on — health systems, schools, clean water, the status of women — decides how much wellbeing a given income produces. That is why the curriculum asks for measures to be compared, not trusted singly.

8. The world's distribution of poor wellbeing, by indicator (E04)

HDI is a summary. The curriculum also asks for poor wellbeing to be investigated indicator by indicator — because each one shows a different face of the same problem, and each can be mapped.

Poverty. Figure 8 tracks the share of people living on less than \$3.00 a day (in 2021 prices, converted so that amount buys the same bundle of goods in every country).

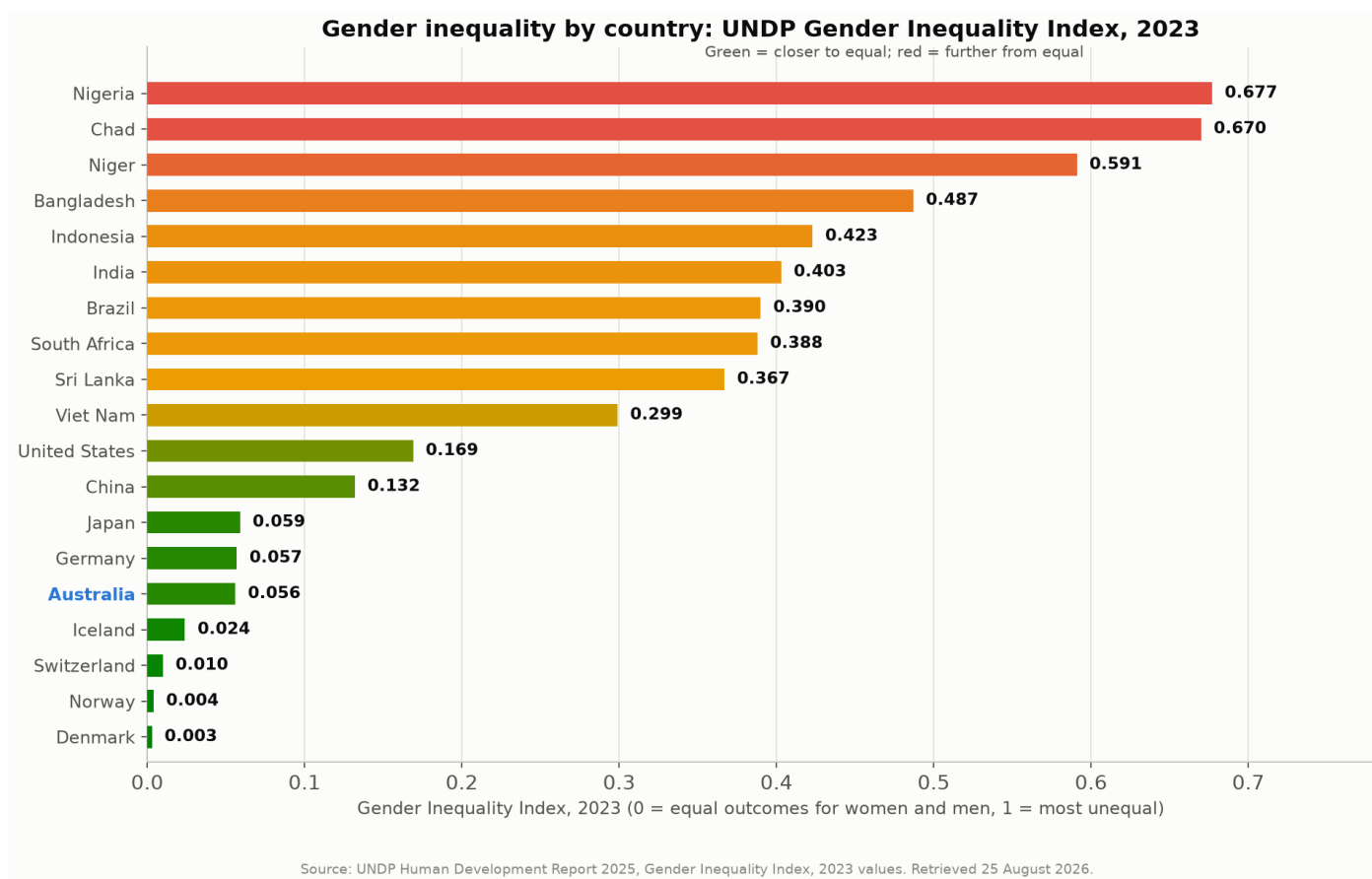


A line graph of the share of people living on less than \$3.00 a day from 1990 to 2024, five lines. The world line (black, thick) falls from 43.4 per cent to 10.4 per cent. Sub-Saharan Africa (red) falls the least, 61.5 per cent to 45.1 per cent, with a note: the one region where the rate has fallen the least. East Asia and Pacific (blue) collapses from 67.0 per cent to 2.0 per cent. South Asia (yellow) falls from 49.7 per cent to 3.8 per cent, with gaps where no estimate was published. Latin America and Caribbean (pink) falls from 20.7 per cent to 4.3 per cent.

Figure 8 — Poverty is falling world-wide, but not everywhere: share below \$3.00 a day, 1990 to 2024. Source: World Bank, poverty headcount ratio at \$3.00/day (2021 PPP), indicator SI.POV.DDAY; gaps mark years with no published estimate. Retrieved 25 August 2026.

The world share fell from 43.4% in 1990 to 10.4% in 2024 — but the fall is not spread evenly across space. East Asia and Pacific fell from 67.0% to 2.0%; Sub-Saharan Africa, where the world's poor are now concentrated, fell only from 61.5% to 45.1%. By 2025 about 831 million people still lived below the line.

Gender inequality. Figure 9 shows the UNDP Gender Inequality Index (GII), which runs from 0 (women and men fare equally) to 1 (most unequal), combining health, empowerment and work.



A horizontal bar chart of the Gender Inequality Index for nineteen countries in 2023, bars coloured from green (close to equal) to red (far from equal). Denmark 0.003, Norway 0.004, Switzerland 0.010, Iceland 0.024, Australia 0.056 (label emphasised as the home country), Germany 0.057, Japan 0.059, China 0.132, United States 0.169, Viet Nam 0.299, Sri Lanka 0.367, South Africa 0.388, Brazil 0.390, India 0.403, Indonesia 0.423, Bangladesh 0.487, Niger 0.591, Chad 0.670, Nigeria 0.677. Axis label: 0 equals equal outcomes for women and men, 1 equals most unequal.

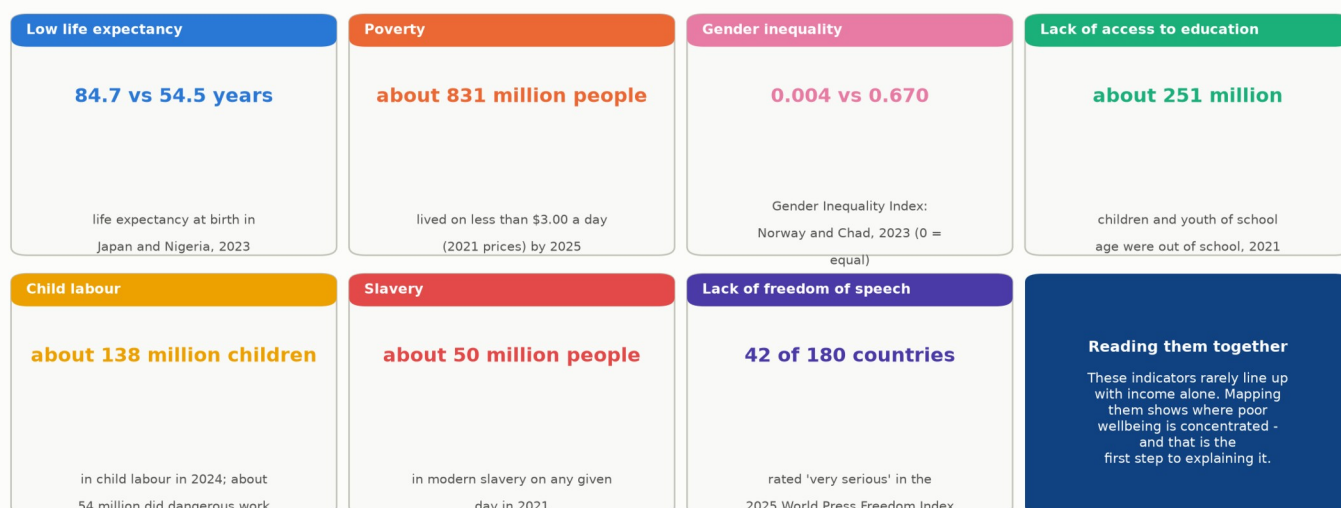
Figure 9 — Gender inequality by country: UNDP Gender Inequality Index, 2023. Source: UNDP Human Development Report 2025, Gender Inequality Index, 2023 values. Retrieved 25 August 2026.

Gender inequality is a double cost: it is a harm in itself, and it lowers a country's wellbeing in the next generation, because mothers' health and education are among the strongest predictors of children's survival and schooling.

The other five indicators. Figure 10 brings the seven indicators the curriculum names onto one page, each with its latest verified global figure.

Where wellbeing is poor: seven indicators to watch

The indicators named in the curriculum for this section, with the latest global figures



Sources: UNDP HDR 2025; World Bank; UNESCO Institute for Statistics; ILO/UNICEF 2025; Walk Free 2023; RSF 2025. Retrieved 25 August 2026.

A dashboard of seven panels, one per indicator of poor human wellbeing, each with a headline figure and a one-line note. Low life expectancy: 84.7 versus 54.5 years — life expectancy at birth in Japan and Nigeria, 2023. Poverty: about 831 million people — lived on less than \$3.00 a day (2021 prices) by 2025. Gender inequality: 0.004 versus 0.670 — Gender Inequality Index for Norway and Chad, 2023. Lack of access to education: about 251 million — children and youth of school age out of school, 2021. Child labour: about 138 million children — in child labour in 2024; about 54 million did dangerous work. Slavery: about 50 million people — in modern slavery on any given day in 2021. Lack of freedom of speech: 42 of 180 countries — rated very serious in the 2025 World Press Freedom Index. An eighth, dark-blue panel reads: Reading them together — these indicators rarely line up with income alone; mapping them shows where poor wellbeing is concentrated, and that is the first step to explaining it.

Figure 10 — Where wellbeing is poor: seven indicators to watch. Source: UNDP HDR 2025; World Bank; UNESCO Institute for Statistics; ILO and UNICEF (2025); Walk Free (2023); Reporters Without Borders (2025). Retrieved 25 August 2026.

Three of these indicators need care at first use, because the words carry weight:

- **Child labour** means work that harms children or keeps them from school. The latest global estimate is about 138 million children in 2024, of whom about 54 million did dangerous work; the number has fallen from about 160 million in 2020, but in Sub-Saharan Africa the number of children in child labour is still rising even as rates fall, because the child population is growing fast.
- **Slavery**, in this section, means *modern slavery*: situations of exploitation — forced labour and forced marriage — that people cannot leave because of threats, violence or deception. About 50 million people were in modern slavery on any given day in 2021 — about 28 million in forced labour and about 22 million in forced marriage — and the largest country totals are in India, China, North Korea and Pakistan.
- **Freedom of speech** is tracked here through press freedom — whether journalists and media can report without being silenced. In the 2025 World Press Freedom Index, covering 180 countries, Norway ranks first and Eritrea last; Australia ranks 29th; and the situation is rated “very serious” in 42 countries.

Read together, the indicators say where poor wellbeing concentrates: **Sub-Saharan Africa** appears in almost every panel — poverty, child labour, gender inequality, life expectancy — and is joined by conflict-affected countries such as South Sudan, Somalia and Afghanistan, and by pockets of South Asia. That concentration is the pattern .E04 asks you to investigate, and the causes are the ones already tested in Key ideas 5 — with the same discipline: patterns suggest, they do not prove.

Worked examples

Example 1 — scaffolded (building the HDI: apply the measure to Australia)

Use Figure 2. Build Australia's 2023 HDI from its four indicators, and state what the result says about Australia's wellbeing relative to other countries.

Step	Reasoning
Identify the dimensions	The HDI combines three dimensions: a long and healthy life, knowledge, and a decent standard of living (Figure 2).
Life index	Life expectancy at birth is 83.9 years; the goalposts are 20 and 85, so the index is $(83.9 - 20) \div (85 - 20) = 0.983$.
Education index	Expected years of schooling is 20.7, against a goalpost of 20, so that part caps at 1. Mean years of schooling is 12.9, against a goalpost of 15: $12.9 \div 15 = 0.860$. The education index is the average: $(1 + 0.860) \div 2 = 0.930$.
Income index	GNI per capita is \$58,277 (PPP). UNDP uses a log scale between \$100 and \$75,000, and Australia's income index is 0.962.
Combine	$HDI = \text{geometric mean} = \text{cube root of } (0.983 \times 0.930 \times 0.962) = 0.958$.
Read the result	0.958 is above the 0.800 cut-off, so Australia is in the very high category — ranked 7 of 193 countries. Australia's life and education indexes pull hardest; income, though high, is the lowest of the three.

Example 2 — scaffolded (two measures, two stories: Sri Lanka and South Africa)

Use Figures 7 and 9. Compare Sri Lanka and South Africa on GNI per capita and on HDI, find where the two measures disagree, and explain the disagreement.

Step	Reasoning
Read the income measure	GNI per capita (Atlas method, 2024): Sri Lanka US\$3,870, South Africa US\$6,110. On income, South Africa is about 1.6 times better off.
Read the combined measure	HDI (2023): Sri Lanka 0.776 (rank 89), South Africa 0.741 (rank 106). On the HDI, Sri Lanka is ahead.
Locate the disagreement	The country with less than two-thirds of the income has the higher overall score. The measures disagree about which country is "better off".
Dig into the components	Life expectancy: 77.5 years in Sri Lanka against 66.1 in South Africa — 11.4 years apart. Schooling slightly favours South Africa (mean years 11.6 against 10.8). The gap is in health.
Explain	Sri Lanka has spent decades directing its modest income into universal health care and schooling, converting income into life expectancy efficiently; South Africa's higher income has not produced the same health outcomes. This is a claim about likely causes, supported by the figures — not a proof.
Conclude	Income measures and outcome measures answer different questions. Comparing them — as .E01 asks — exposes cases where policy choices, not just money,

Step	Reasoning
	decide wellbeing.

Practice questions

Scaffolded

- Q1.** State this section's working definition of *human wellbeing*, and explain why *development* is called a contested term.
- Q2.** Use Figure 1. (a) Which two measures are money-only? (b) Which measure has UNDP produced every year since 1990? (c) Give one strength of the GPI that no money-only measure has.
- Q3.** Use Figure 2. (a) Name the four indicators the HDI uses. (b) Show, with goalposts, how Australia's life index of 0.983 is calculated. (c) State Australia's HDI, rank and category for 2023.
- Q4.** Use Figures 4 and 5. (a) How many of the 193 ranked countries sit in each of the four categories? (b) Describe the global pattern: where do low-category countries cluster, and where do very-high-category countries cluster? (c) Name two low-category countries.
- Q5.** Use Figure 6. (a) Which country improved the most between 1990 and 2023, and by how much? (b) Which two countries were already above 0.850 in 1990? (c) What does Nigeria's trend line show about the idea that "every country is improving"?
- Q6.** Use Figure 8. (a) What was the world share of people below \$3.00 a day in 1990, and what is it in 2024? (b) Which region's rate fell the least? (c) Which region fell the most?

Unscaffolded

- Q7.** "GDP per capita is the best single measure of development." Evaluate this claim. Use at least **three** measures from Figure 1 and evidence from at least **two** named countries in this section. Your answer will be marked on the reasoning, not on the position you reach.
- Q8.** Use Figure 7 and Worked example 2. Explain why income measures and the HDI disagree about Sri Lanka and South Africa, and what the disagreement reveals about the role of government choices in wellbeing.
- Q9.** Using Figures 8, 9 and 10, describe the world's spatial distribution of poor human wellbeing. Cover at least **four** of the seven indicators the curriculum names, and say where poor wellbeing concentrates.
- Q10.** Use Figure 6. Choose one fast-improving country and one slow-improving country. Compare their changes since 1990, then suggest at least two likely causes of the difference between them. For each cause, say what part of the pattern points to it, and explain why your claims count as speculation rather than proof.

Inquiry task — compare two countries from the inside out (data and source task)

You will collect real data from named international sources, represent it, and judge what the HDI shows and what it hides.

- Choose.** Pick two countries from Figure 5: one in the very high category and one in the low or medium category. Write a two-sentence prediction about which dimension of the HDI (health, education or income) will drive most of the gap between them, and why.
- Collect.** From the UNDP Human Development Index data (hdr.undp.org), record for each country: HDI value and rank, life expectancy at birth, expected years of schooling, mean years of schooling, and GNI per capita (PPP). From the World Bank (data.worldbank.org), record one extra indicator of your choice (for example infant mortality or the share of people below \$3.00 a day). Record the retrieval date for every page you use.
- Represent.** Draw a grouped bar chart comparing your two countries dimension by dimension, and a location sketch of the two countries following BOLTSS (Boundaries, Orientation, Legend, Title, Scale, Source).

4. **Analyse.** Which dimension drives most of the HDI gap? Size it (as a difference or a multiple). Then say which of the causes from Key ideas 5 your pair fits, and what evidence points to it.
 5. **Evaluate.** Give one strength and one limit of the HDI for your pair — for example, does the HDI tell you anything about freedom of speech, inequality inside the countries, or the environment?
 6. **Conclude.** Write three sentences on what your comparison shows about measuring differences in wellbeing between countries, using the words *indicator*, *index* and *category* correctly.
-

Answers

Q1. Human wellbeing is how well people's lives are going for them, tracked in this section through health, education and income. Development is contested because different people and organisations define the goal differently — some as growth in income and production, others as improvements in what people can be and do — and the measure chosen decides what gets improved. **Q2.** (a) GDP per capita and GNI per capita. (b) The Human Development Index. (c) It subtracts social and environmental costs and adds non-market benefits such as household work, so it separates welfare from growth. **Q3.** (a) Life expectancy at birth; expected years of schooling; mean years of schooling; GNI per capita (PPP). (b) $(83.9 - 20) \div (85 - 20) = 0.983$, goalposts 20 and 85 years. (c) 0.958; rank 7 of 193; very high human development. **Q4.** (a) 74 very high, 50 high, 43 medium, 26 low. (b) Low-category countries cluster in Sub-Saharan Africa (with six more in the Horn of Africa, the Arabian Peninsula and South Asia); very-high countries cluster in Europe, North America, Australia and New Zealand, Japan and Korea, Singapore and the Gulf states. (c) Any two of the 26, for example Chad and Niger. **Q5.** (a) China, +0.306 (0.491 to 0.797). (b) Norway (0.856) and Australia (0.867). (c) Nigeria is improving — 0.379 to 0.560 — so it supports the trend, but slowly: in 33 years it gained only 0.181 and is still below the medium-to-high cut-off, so “improving” does not mean “catching up”. **Q6.** (a) 43.4% in 1990; 10.4% in 2024. (b) Sub-Saharan Africa (61.5% to 45.1%). (c) East Asia and Pacific (67.0% to 2.0%). **Q7–Q10.** See fully-worked solutions.

Inquiry task. Answers vary. Check that the student used UNDP and World Bank data with retrieval dates, represented both countries with a grouped bar chart and a BOLTSS location sketch, sized the dimension gap, matched it to causes from Key ideas 5 with evidence, and gave an honest strength and limit of the HDI.

Fully-worked solutions

Q7. GDP per capita has real strengths: it is counted the same way in almost every country, updated every year, and it measures the resources a country has to work with. But three checks in this section show why it is not trusted singly. First, it is an average, and says nothing about how income is shared. Second, it ignores unpaid work, health, education and environmental damage — exactly the gaps the HDI, PQLI and GPI were each built to fill (Figure 1). Third, the evidence: Sri Lanka produces far less income per person than South Africa (US\$3,870 against US\$6,110) yet its people live 11.4 years longer and it out-ranks South Africa on HDI (Worked example 2); and Norway and the United States sit at similar income levels while Norway out-ranks the United States on both HDI and gender equality. A fair evaluation: GDP per capita is the best single measure of a country's *income*, and a poor single measure of its *development*. Reasoning of this shape earns the mark whichever position the student finally reaches.

Q8. GNI per capita says South Africa is about 1.6 times better off (US\$6,110 against US\$3,870); the HDI says Sri Lanka is ahead (0.776 against 0.741). Digging into the HDI's components shows the disagreement lives in health: life expectancy is 77.5 years in Sri Lanka against 66.1 in South Africa, while schooling slightly favours South Africa. The likely explanation is a difference in choices, not money: Sri Lanka has spent decades directing modest income into universal health care and schooling — converting income into survival efficiently — while South Africa's higher income has not produced the same health outcomes. The disagreement reveals that income is an input and wellbeing is an output, and what sits between them is policy: the same money can buy very different lives depending on how it is shared and spent.

Q9. Poor wellbeing concentrates, above all, in Sub-Saharan Africa and in conflict-affected countries. Poverty: the world share below \$3.00 a day fell to 10.4% by 2024, but Sub-Saharan Africa sits at 45.1% — twenty times East Asia's 2.0% — and about 831 million people remain below the line (Figure 8). Gender inequality: the worst GII scores in Figure 9 are Nigeria (0.677), Chad (0.670) and Niger (0.591), all Sub-Saharan African. Low life expectancy: 54.5 years in Nigeria against 84.7 in Japan (Figure 10). Child labour: about 138 million children in 2024, with numbers still rising in Sub-Saharan Africa. Education access: about 251 million children and youth of school age out of school, and mean years of schooling of 1.4 in Niger against 12.9 in Australia. Modern slavery (about 50 million people) and weak press freedom (very serious in 42 of 180 countries, including Eritrea, ranked last) add two more faces. The distribution is therefore neither random nor even: it clusters in named places, which is what makes it a geographical pattern to explain.

Q10. Example: China (fast) against Nigeria (slow). China gained 0.306 between 1990 and 2023 (0.491 to 0.797), crossing from low to high human development; Nigeria gained 0.181 (0.379 to 0.560) and remains in the medium category. Two likely causes of the difference. First, investment in schooling and health: China expanded basic education and health services early in its rise, so income growth had a healthy, educated population to work with; the pattern points to this because China's schooling and life-expectancy indicators moved before its income peaked. Second, conflict and political stability: Nigeria's gains were slowed by periods of unrest and by weak services in its north, while China had decades of stable, growth-focused government; the pattern points to this because the slowest countries in Figure 6 (Niger, Nigeria) sit in the same region as most conflict-affected, low-HDI countries in Figure 5. These are speculations: the figures show correlation in time and space, and other causes — climate, trade, colonial history — could fit the same pattern. That is the discipline .E02 teaches: suggest causes from the pattern, name the evidence, and accept they are claims to test rather than proof.

Sources

All figures in this section are original, generated from the values shown and listed below. Retrieval date for all cited datasets: 25 August 2026.

- UNDP, Human Development Report 2025 — composite indices (hdr.undp.org): HDI values, ranks, categories, components (life expectancy, expected and mean years of schooling, GNI per capita in 2021 PPP international dollars), Gender Inequality Index and HDI time series 1990–2023 for all 193 ranked countries; category counts 74/50/43/26; Australia 0.958 (rank 7). Figures 2, 4, 5, 6, 7, 9 and 10. HDI goalposts (life expectancy 20–85; expected schooling 0–20; mean schooling 0–15; GNI per capita US\$100–US\$75,000, log scale) as published by UNDP.
- World Bank, data.worldbank.org — GDP per capita (NY.GDP.PCAP.CD) and GNI per capita, Atlas method (NY.GNP.PCAP.CD), current US\$, 2024; poverty headcount ratio at \$3.00/day, 2021 PPP (SI.POV.DDAY), annual estimates 1990–2024 for the world and four regions, plus the World Bank poverty overview: extreme-poverty line of \$3.00/day and about 831 million people below it by 2025; infant mortality rate (SP.DYN.IMRT.IN), 2023; adult literacy (SE.ADT.LITR.ZS). Figures 3, 7, 8, 10 and Worked example 2.
- ILO and UNICEF, *Child Labour: Global estimates 2024, trends and the road forward*, published 11 June 2025 — about 138 million children in child labour, about 54 million in dangerous work; down from about 160 million in 2020. Figure 10.
- Walk Free, *Global Slavery Index 2023* — about 50 million people in modern slavery on any given day in 2021 (about 28 million forced labour, about 22 million forced marriage); country totals India 11.0m, China 5.8m, North Korea 2.6m, Pakistan 2.3m. Figure 10.
- UNESCO Institute for Statistics — about 251 million children and youth of school age out of school, reference year 2021. Figure 10.
- Reporters Without Borders, World Press Freedom Index 2025 (May 2025) — 180 countries; Norway first, Eritrea last, Australia 29th; “very serious” in 42 countries. Figure 10.
- Redefining Progress (Cobb, Halstead and Rowe), *The Genuine Progress Indicator*, 1995, and Kubiszewski et al. (2013), *Ecological Economics* 86 — US GDP–GPI divergence 1950–1994; GPI flat beyond about US\$7,000 GDP per capita; Hamilton and Denniss, *Measuring progress: The Genuine Progress Indicator*, The Australia Institute Discussion Paper No. 37 (2000) for Australia. Figure 1.
- Morris D. Morris, *Measuring the Condition of the World's Poor*, Overseas Development Council, 1979 — PQLI method. Figure 3.
- Natural Earth 110m country boundaries (public domain) — Figure 5 map, drawn by the author.

Note on scope: every dataset in this section is real, citable and dated, per SOURCE_USE; no invented values appear. *Wellbeing* and *development* are treated as contested terms: defined at first use with their sources, steelmanned, and assessed by marking reasoning rather than conclusions. Speculation on causes (Key ideas 5, Q10, Worked example 2) is flagged as speculation throughout. The section carries no First Nations content (TOC §2A records no exclusions for VC2HG10K15, and none applies). All figures are original and drawn from the values they display.

Wellbeing gaps across places: what spatial analysis reveals about causes and effects

Curriculum — Geography 10 · Chapter 4: Human wellbeing and development (VC2HG10K17).

Content description: VC2HG10K17. First Nations disposition (TOC §2A): this content description is First Nations-framed in its entirety; .E01 is neutral and **is** taught here; .E02–.E04 are excluded in their entirety and are **not** taught. This section therefore teaches the neutral conceptual core of the content description — how spatial analysis reads the reasons for, and implications of, differences in wellbeing — and applies that core to a neutral, checkable population comparison: two suburbs of one Victorian city (local scale) and three Victorian local government areas (regional scale). No First Nations material appears anywhere in this section. Concepts woven through: place, space, scale, interconnection, change. Related sections in this book: 4A (measuring wellbeing and development), 4B (spatial differences in wellbeing across Australia), 4D (responses to differences in wellbeing), 5A and 5D.

Teaching sequence (for teachers)

This block is teacher-facing guidance, not student text. Allow about 6 lessons.

1. **Hook — two suburbs, one city.** Show Figure 3 with no data and ask students to predict, from position alone (near industry, near the centre, near parkland), which suburb they think is better off and why. Reveal Figures 4 and 5. Lead into **Key ideas 1**: wellbeing is a contested term; fix the section’s working definition and run the steelman box.
2. **The toolkit (.E01).** Figure 1 gives the six-step process the whole section repeats; Figure 2 defines the indicators. Define *indicator* at first use. Practise steps 1–2 by turning “where is wellbeing highest and lowest in Geelong?” into a testable question with named indicators and named areas.
3. **Local scale: Norlane and Newtown.** Figures 3–5 run steps 3–4 of the toolkit. Drill the describing language: higher/lower than the city line, gaps as multiples (2.3 times, 4.2 times, 2.9 times), and the key spatial fact — same city, about 7 km apart. Link back to 4A for the indicators and to 4B for the idea that differences cluster in space.
4. **Regional scale: SEIFA.** Figure 6 teaches the three reading rules before any score is shown; Figure 7 then shows the Victorian gradient; Figure 8 supplies the regional QuickStats. Name the concepts at work: scale (suburb → LGA → state), place (named areas) and interconnection (distance to jobs and services). Teacher reference: the formal ABS product names are SEIFA (Socio-Economic Indexes for Areas) and IRSAD (Index of Relative Socio-economic Advantage and Disadvantage); student text paraphrases them in plainer words to hold the reading level.
5. **Scale and reasons.** Figure 9 is the turn of the section: the LGA average hides pockets. Figure 10 moves from pattern to likely causes (step 5), with the discipline that patterns suggest and do not prove. Run Worked examples 1 and 2 here.
6. **Implications and consolidation.** Figure 11 (step 6) and Figure 12, which is the .E01 discussion itself. The inquiry task is the section’s real-source data task (ABS QuickStats, representation with BOLTSS, reliability evaluation). The unscaffolded set suits lessons 5–6.

Assessment notes: the contested-term and implications items (Q9–Q10, Worked example 2) mark reasoning, not the position reached (CONTESTED_TERMS Rule 5) — make this explicit to students. No item may draw on material excluded by TOC §2A; this section carries none.

Key ideas

1. Wellbeing: a contested term, and the definition this section uses

Wellbeing is how well people’s lives are going — the conditions people need for a good life, such as health, education, income, safe housing and belonging. It is a **contested term**: different people and organisations weigh its parts differently, and there is no single agreed measure of it.

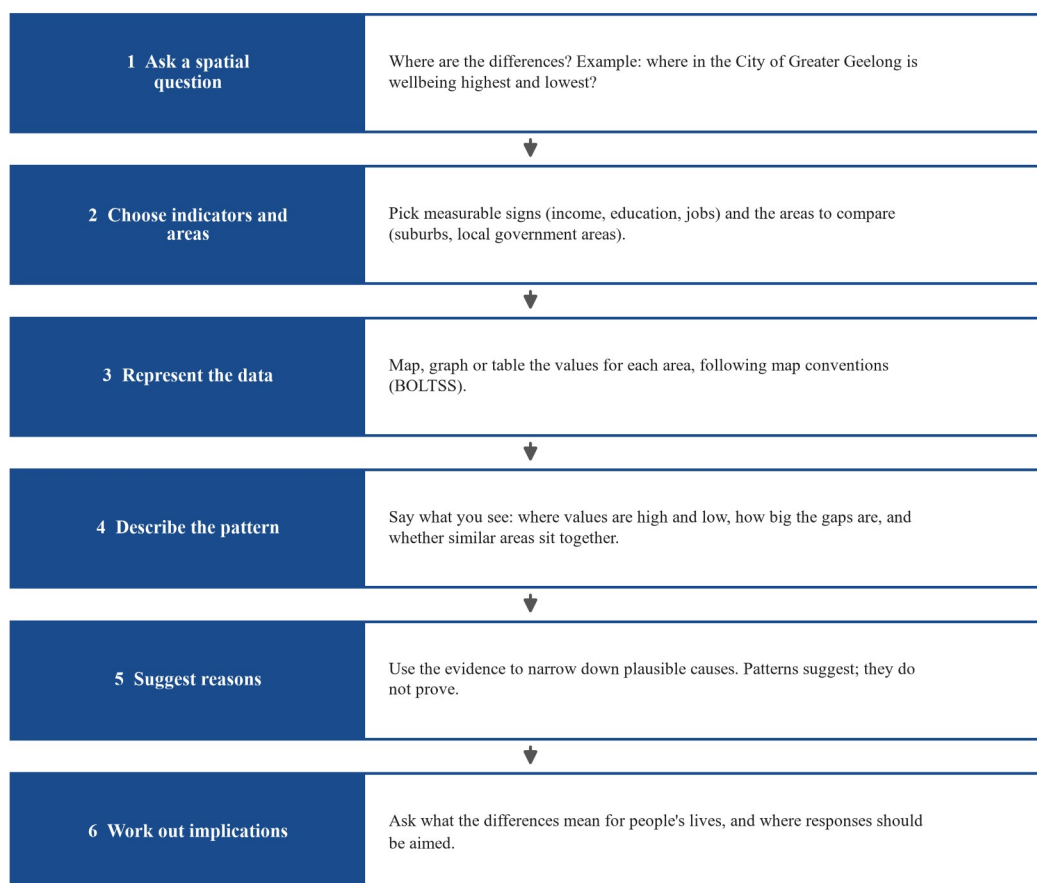
Hear both sides (a “steelman” is the strongest, fairest version of each argument) — how should wellbeing be measured? *For money-based measures:* income, jobs and housing costs are easy to count and compare, and they capture what people can afford to be and do; a place with low incomes usually shows low health and education too, so money is a strong shortcut. *For broader measures:* money misses things people name as central to a good life — health, safety, voice in decisions, belonging and culture — and two places with the same income can feel very different to live in. Either weighting can be defended; what matters is stating the definition before comparing.

This section uses a working definition, stated up front: **wellbeing is tracked through three measurable conditions — health, education and income** — the same families of information the ABS folds into its SEIFA indexes (defined in Key ideas 4). Other definitions exist and are not interchangeable with this one.

2. The spatial-analysis toolkit and its indicators

Spatial analysis is the skill of reading *where* things happen, not just *how much* there is. Figure 1 is the six-step process this section follows from start to finish.

The spatial-analysis toolkit used in this section



Steps 4-6 are where spatial analysis does its distinctive work: the pattern, the plausible reasons and the implications are all read from where things are, not just from how much there is.

A vertical flow diagram of the six steps used in this section. Step 1, ask a spatial question: where are the differences, for example where in the City of Greater Geelong is wellbeing highest and lowest? Step 2, choose indicators and areas: pick measurable signs such as income, education and jobs, and the areas to compare, such as suburbs or local government areas. Step 3, represent the data: map, graph or table the values for each area, following map conventions (BOLTSS). Step 4, describe the pattern: say where values are high and low, how big the gaps are, and whether similar areas sit together. Step 5, suggest reasons: use the evidence to narrow down likely causes; patterns suggest, they do not prove. Step 6, work out implications: ask what the differences mean for people's lives and where responses should be aimed. A footer reads: steps 4 to 6 are where spatial analysis does its own special work, because the pattern, the likely reasons and the implications are all read from where things are, not just from how much there is.

Figure 1 — The spatial-analysis toolkit used in this section. Source: original diagram created for this section; the example question names a real place, the City of Greater Geelong.

An **indicator** is a measurable sign of something we care about but cannot measure directly. Wellbeing itself cannot be counted; income, qualifications and jobs can. Figure 2 lists the indicators this section reads, most drawn straight from the ABS Census of Population and Housing, plus the ABS’s own summary score, SEIFA.

Wellbeing indicators used in this section, and what each one tells us

Indicator	What it measures	What it says about wellbeing
Median weekly household income	The middle household income in an area: half of households earn more, half earn less.	The money households have for food, housing, services and saving.
Bachelor degree or above (%)	The share of adults with a university-level qualification.	Access to education that opens skilled jobs and higher incomes.
Unemployment rate (%)	The share of people in the labour force who are looking for work but cannot find it.	Whether people who want paid work can get it.
Median weekly rent (\$)	The middle rent paid by renting households in the area.	Housing costs, and roughly where the housing market sits.
Rented households (%)	The share of households renting rather than owning their home.	Housing tenure: renting is not bad by itself, but very high shares often go with lower incomes.
SEIFA IRSAD score	A single ABS score that summarises many Census indicators of advantage and disadvantage for an area.	How an area compares with other Australian areas overall (Australian average = 1000).

Original table created for this section. The indicators are ABS Census of Population and Housing variables and the ABS SEIFA summary score.

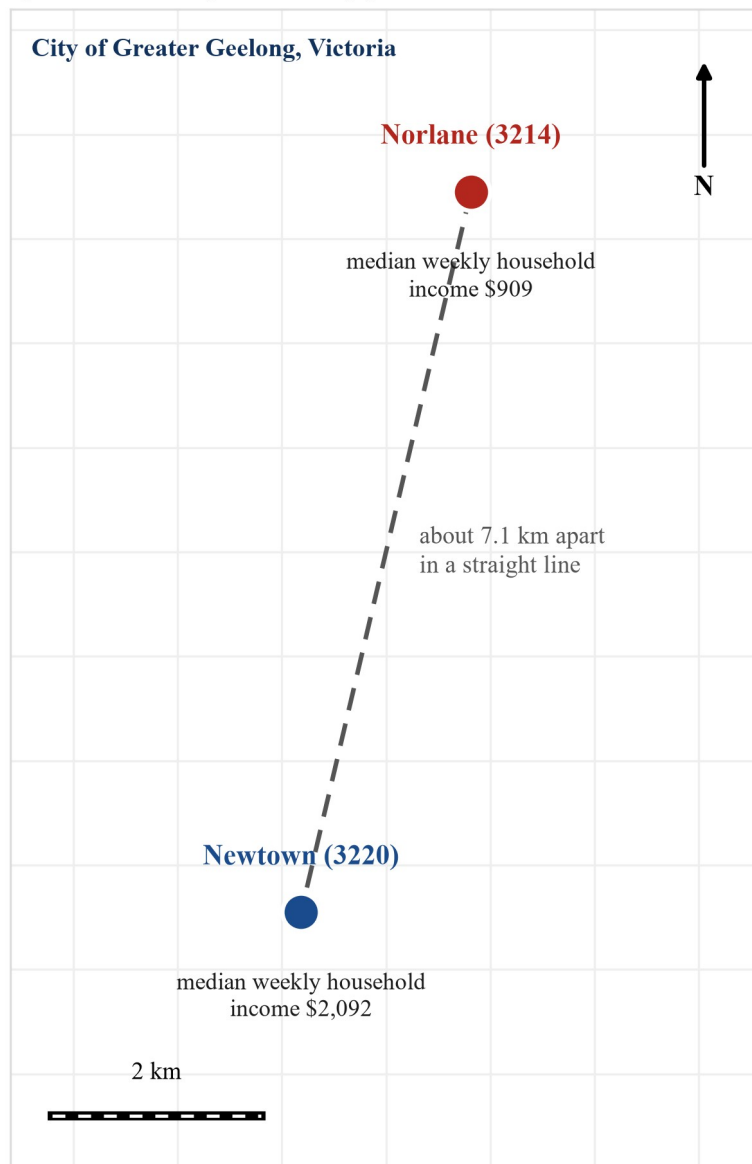
A three-column table of the six wellbeing indicators used in this section: median weekly household income (the middle household income in an area; the money households have for food, housing, services and saving); bachelor degree or above (the share of adults with a university-level qualification; access to education that opens skilled jobs and higher incomes); unemployment rate (the share of people in the labour force who are looking for work but cannot find it; whether people who want paid work can get it); median weekly rent (the middle rent paid by renting households; housing costs and roughly where the housing market sits); rented households (the share of households renting rather than owning their home; very high shares often go with lower incomes); and the SEIFA IRSAD score (a single ABS score that summarises many Census indicators for an area; how an area compares with other Australian areas overall, Australian average equals 1000).

Figure 2 — Wellbeing indicators used in this section, and what each one tells us. Source: original table created for this section; the indicators are ABS Census of Population and Housing variables and the ABS SEIFA summary score. Retrieved 25 August 2026.

3. Local scale: two suburbs of one city — Norlane and Newtown

The City of Greater Geelong sits about 75 km south-west of Melbourne, on the edge of Corio Bay. Within it, **Norlane** lies in the north, beside the city’s industrial land, and **Newtown** lies to the south-west, near parkland and the city centre. Figure 3 locates both.

Two suburbs of one city: Norlane and Newtown, City of Greater Geelong
(schematic map - positions from OpenStreetMap place data; suburb boundaries and streets not shown)



Income values: ABS Census 2021 QuickStats. Original schematic drawn for this section.

A simplified sketch map of part of the City of Greater Geelong with two suburbs marked: Norlane in the north of the city, beside the industrial land, and Newtown to the south-west, near parkland and the city centre. A straight line between the two is labelled about 7 kilometres. The map carries a north arrow and a 2-kilometre scale bar, and a footer notes the sketch is simplified, with approximate boundaries, for study only and not for navigation.

Figure 3 — Norlane and Newtown: two suburbs of the City of Greater Geelong. Source: original sketch map drawn from OpenStreetMap coordinates for the two suburbs; boundaries approximate and for study only — not for navigation. Retrieved 25 August 2026.

Figure 4 reproduces ABS Census 2021 QuickStats for the two suburbs, with their city as the comparison line.

Wellbeing indicators at a local scale: two suburbs and their city

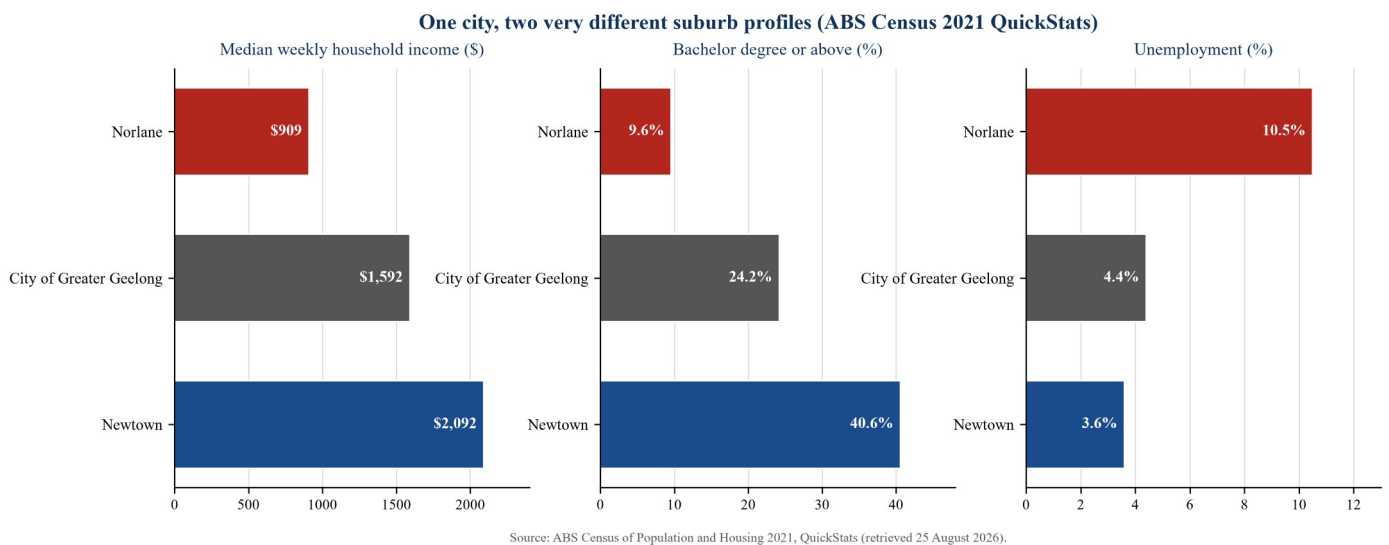
Area (Census 2021)	Population	Median age (years)	Median weekly household income	Median weekly rent	Bachelor degree or above (%)	Unemployment (%)	Households renting (%)
Norlane (suburb)	8,682	37	\$909	\$250	9.6	10.5	54.1
Newtown (suburb)	10,445	40	\$2,092	\$360	40.6	3.6	29.3
City of Greater Geelong (LGA)	271,057	39	\$1,592	\$346	24.2	4.4	28.0

Source: ABS Census of Population and Housing 2021, QuickStats, as listed above (retrieved 25 August 2026).

A table of ABS Census 2021 QuickStats for three areas. Norlane (suburb): population 8,682, median age 37 years, median weekly household income \$909, median weekly rent \$250, bachelor degree or above 9.6 per cent, unemployment 10.5 per cent, households renting 54.1 per cent. Newtown (suburb): population 10,445, median age 40 years, median weekly household income \$2,092, median weekly rent \$360, bachelor degree or above 40.6 per cent, unemployment 3.6 per cent, households renting 29.3 per cent. City of Greater Geelong (local government area): population 271,057, median age 39 years, median weekly household income \$1,592, median weekly rent \$346, bachelor degree or above 24.2 per cent, unemployment 4.4 per cent, households renting 28.0 per cent.

Figure 4 — Wellbeing indicators at a local scale: two suburbs and their city. Source: ABS Census of Population and Housing 2021, QuickStats for Norlane, Newtown and the City of Greater Geelong, as listed above. Retrieved 25 August 2026.

Figure 5 graphs the three sharpest indicators so the pattern can be read at a glance.



Three small bar charts, one per indicator, comparing Norlane (red bars), the City of Greater Geelong (grey bars) and Newtown (blue bars). Median weekly household income: Norlane \$909, Greater Geelong \$1,592, Newtown \$2,092. Bachelor degree or above: Norlane 9.6 per cent, Greater Geelong 24.2 per cent, Newtown 40.6 per cent. Unemployment: Norlane 10.5 per cent, Greater Geelong 4.4 per cent, Newtown 3.6 per cent.

Figure 5 — One city, two very different suburb profiles. Source: ABS Census of Population and Housing 2021, QuickStats, as in Figure 4. Retrieved 25 August 2026.

Describe the pattern (toolkit step 4). Newtown sits above its city on income and qualifications and below it on unemployment and renting; Norlane is the mirror image. The gaps between the two suburbs are large: median weekly household income of \$2,092 against \$909 (**2.3 times** as much), bachelor degree or above of 40.6% against 9.6% (**4.2 times**), and unemployment of 10.5% against 3.6% (about **2.9 times**). More than half of Norlane's households rent (54.1%), against 29.3% in Newtown. And the spatial fact that makes this a *spatial* analysis: these are not two different

regions. They are two suburbs of the **same city**, about 7 km apart, under the same state laws and the same city services. Difference this big inside one city is a pattern that asks for reasons.

4. Regional scale: SEIFA and the Victorian gradient

Comparing many indicators at once is easier with one summary score. The ABS builds **SEIFA** (its indexes of advantage and disadvantage for areas) from Census data; the most general index is **IRSAD**, the index of relative advantage and disadvantage. Figure 6 explains how to read it: scores are set so the Australian average is 1000, and each **decile** holds one tenth of Australian areas, with decile 1 the tenth that is worst off and decile 10 the tenth that is best off.

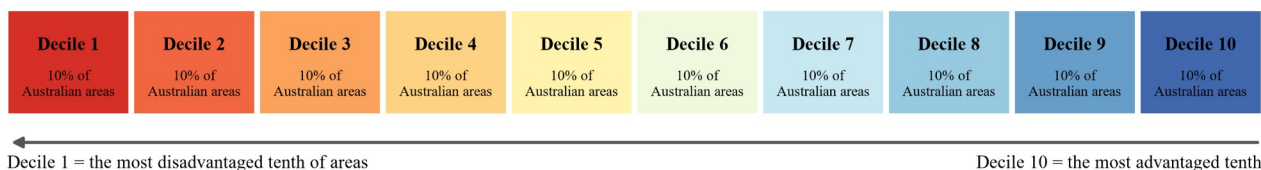
Reading SEIFA: one score that summarises advantage and disadvantage across an area

What SEIFA is

SEIFA (Socio-Economic Indexes for Areas) is a set of indexes the ABS builds from Census data. The most general is IRSAD, the Index of Relative Socio-economic Advantage and Disadvantage: it combines many indicators (such as income, education and jobs) into one score for each area.

The scores are set so the Australian average is 1000: above 1000 = relatively more advantaged than average, below 1000 = relatively more disadvantaged.

What a decile is: the line of ten deciles splits all Australian areas into ten equal groups



Three reading rules

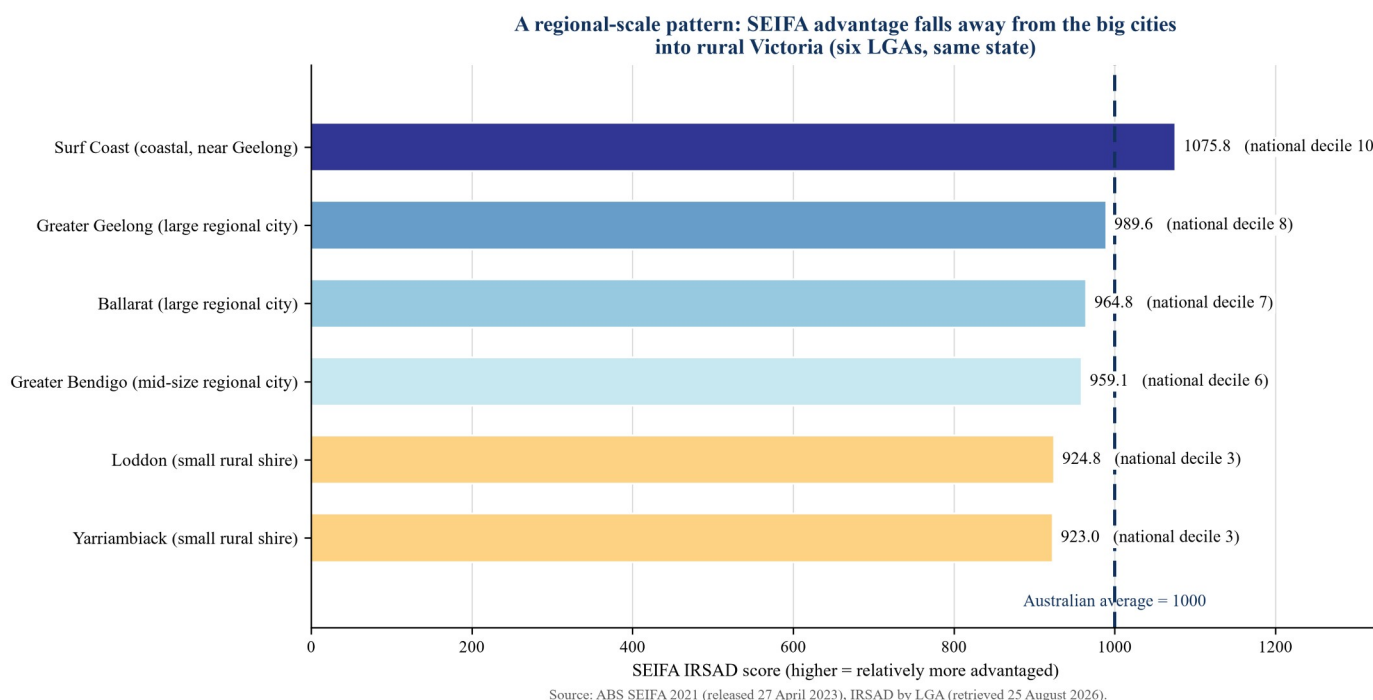
- 1 Higher score = relatively more advantaged. SEIFA is a relative measure: it compares areas with each other, not with a fixed line of poverty or wealth.
- 2 A decile says where an area sits in the national spread. An LGA in decile 3 has more disadvantage than about seven LGAs in ten, even if its score is only a little below 1000.
- 3 One number summarises many, so averages can hide pockets. A whole LGA can score well while small areas inside it sit in the lowest deciles (Figure 9 shows exactly this).

Original diagram created for this section. SEIFA 2021, ABS, released 27 April 2023.

A labelled explainer diagram in three parts. Part one, what SEIFA is: SEIFA is a set of indexes the ABS builds from Census data; the most general is IRSAD, the index of relative advantage and disadvantage, which combines many indicators such as income, education and jobs into one score for each area; the scores are set so the Australian average is 1000, above 1000 means relatively more advantaged than average and below 1000 means relatively more disadvantaged. Part two, what a decile is: a strip of ten boxes coloured from red to dark blue, decile 1 to decile 10, each holding 10 per cent of Australian areas, with decile 1 labelled the most disadvantaged tenth of areas and decile 10 the most advantaged tenth. Part three, three reading rules: a higher score means relatively more advantaged, because SEIFA is a relative measure; a decile shows where an area sits in the national spread; and one number summarises many, so averages can hide pockets, which Figure 9 shows.

Figure 6 — Reading SEIFA: one score that summarises advantage and disadvantage across an area. Source: original diagram created for this section; SEIFA 2021, ABS, released 27 April 2023.

Figure 7 plots SEIFA IRSAD scores for six Victorian local government areas (LGAs) arranged from a coastal area near a big city to small rural shires.



A horizontal bar chart of SEIFA IRSAD scores for six Victorian local government areas, bars coloured by national decile on the same red-to-blue ramp as Figure 6. Surf Coast (coastal, near Geelong) 1075.8, national decile 10; Greater Geelong (large regional city) 989.6, decile 8; Ballarat (large regional city) 964.8, decile 7; Greater Bendigo (mid-size regional city) 959.1, decile 6; Loddon (small rural shire) 924.8, decile 3; Yarriambiack (small rural shire) 923.0, decile 3. A dashed vertical line marks the Australian average of 1000, labelled below the axis.

Figure 7 — A regional-scale pattern: SEIFA advantage falls away from the big cities into rural Victoria (six LGAs, same state). Source: ABS SEIFA 2021 (released 27 April 2023), IRSAD by local government area. Retrieved 25 August 2026.

Describe the pattern. Within one state, advantage steps down as areas become smaller and more rural: the coastal area near a big city sits in decile 10, the large regional cities in deciles 6–8, and the small rural shires in decile 3. Figure 8 shows the same gradient in the raw indicators.

Wellbeing indicators at a regional scale: the same state, three very different areas

Area (Census 2021)	Median weekly household income	Bachelor degree or above (%)	Unemployment (%)	Median weekly rent
Greater Geelong (large regional city)	\$1,592	24.2	4.4	\$346
Greater Bendigo (mid-size regional city)	\$1,448	19.7	4.2	\$295
Loddon (small rural shire)	\$1,039	10.6	5.0	\$170
Victoria (state)	\$1,759	29.2	5.0	\$370

Source: ABS Census of Population and Housing 2021, QuickStats (retrieved 25 August 2026).

A table of ABS Census 2021 QuickStats for four areas. Greater Geelong (large regional city): median weekly household income \$1,592, bachelor degree or above 24.2 per cent, unemployment 4.4 per cent, median weekly rent \$346. Greater Bendigo (mid-size regional city): \$1,448, 19.7 per cent, 4.2 per cent, \$295. Loddon (small rural shire): \$1,039, 10.6 per cent, 5.0 per cent, \$170. Victoria (state): \$1,759, 29.2 per cent, 5.0 per cent, \$370.

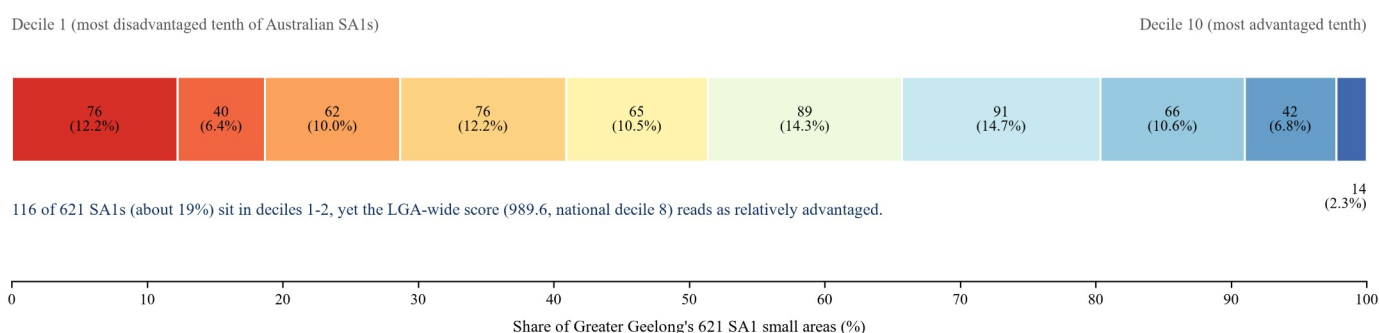
Figure 8 — Wellbeing indicators at a regional scale: the same state, three very different areas. Source: ABS Census of Population and Housing 2021, QuickStats, as listed above. Retrieved 25 August 2026.

In Loddon, median weekly household income is \$1,039 — about **59%** of Victoria’s \$1,759 — and only 10.6% of adults hold a bachelor degree or above, against 29.2% across the state. Unemployment is no higher than the state’s, and rents are much lower, so the picture is not “everything is worse”; it is a specific pattern of lower incomes and fewer qualifications in small rural shires. **Interconnection** helps explain it: a shire like Loddon is a long way from the major job markets, hospitals and universities that sit in Melbourne and the large regional cities, and distance shapes what work and services are available in a place.

5. Scale matters: averages hide pockets

Now zoom from the LGA to the smallest ABS reporting areas, the **SA1s** (Statistical Area Level 1, each a small neighbourhood-sized area). Figure 9 shows how Greater Geelong’s 621 SA1s are spread across the ten national deciles.

Zooming in changes the story: SA1 deciles inside the City of Greater Geelong



Source: ABS SEIFA 2021 (released 27 April 2023), LGA SA1 distributions (retrieved 25 August 2026).

A stacked horizontal strip showing the share of Greater Geelong’s 621 SA1 small areas sitting in each national SEIFA decile, coloured on the same red-to-blue ramp as Figures 6 and 7: decile 1 holds 76 SA1s (12.2 per cent), decile 2 holds 40 (6.4), decile 3 holds 62 (10.0), decile 4 holds 76 (12.2), decile 5 holds 65 (10.5), decile 6 holds 89 (14.3), decile 7 holds 91 (14.7), decile 8 holds 66 (10.6), decile 9 holds 42 (6.8) and decile 10 holds 14 (2.3). A note below reads: 116 of 621 SA1s (about 19 per cent) sit in deciles 1 to 2, yet the LGA-wide score (989.6, national decile 8) reads as relatively advantaged.

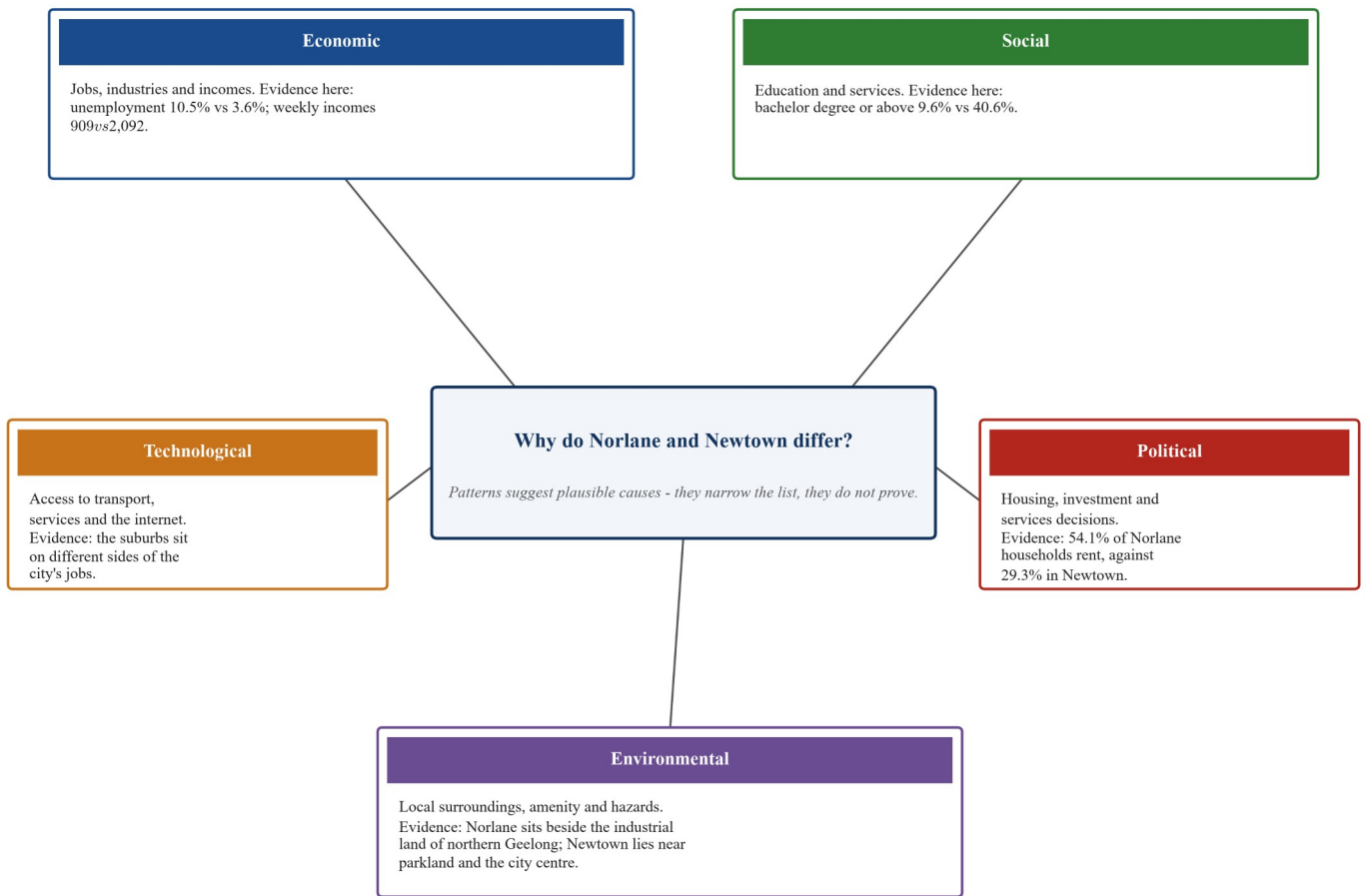
Figure 9 — Zooming in changes the story: SA1 deciles inside the City of Greater Geelong. Source: ABS SEIFA 2021 (released 27 April 2023), LGA SA1 distributions. Retrieved 25 August 2026.

The LGA-wide score of 989.6 puts Greater Geelong in national decile 8 — more advantaged than about eight LGAs in ten, even though the score itself sits just below the Australian average of 1000. Yet **116 of its 621 SA1s (about 19%)** sit in deciles 1–2, the worst-off tenth and the one above it: that is one SA1 in five inside an “advantaged” city. (Norlane’s SA1s are among them; Newtown’s sit in the high deciles.) **Scale is therefore a choice that changes the story.** At the regional scale Geelong reads as relatively advantaged; at the local scale it contains pockets as disadvantaged as many rural shires. A good spatial analyst always asks: *at what scale is this claim true?*

6. Reasons: five families of causes, and what the evidence fits

Patterns suggest reasons; they do not prove them. The curriculum names five families of causes behind spatial differences in wellbeing — **economic, social, technological, political and environmental** (the families named at VC2HG10K16.E01) — and Figure 10 matches each family to the evidence this section carries for Norlane and Newtown.

Five families of plausible causes, and the evidence this section carries



Original model created for this section. Cause families as named by the curriculum (VC2HG10K16.E01); evidence from ABS Census 2021 QuickStats and Figures 3-5.

A web diagram with a central box asking “Why do Norlane and Newtown differ?” and noting that patterns suggest likely causes but narrow the list rather than prove it. Five cause-family boxes connect to the centre. **Economic** (jobs, industries and incomes; evidence here: unemployment 10.5 per cent versus 3.6 per cent, weekly incomes \$909 versus \$2,092). **Social** (education and services; evidence here: bachelor degree or above 9.6 per cent versus 40.6 per cent). **Technological** (access to transport, services and the internet; evidence: the suburbs sit on different sides of the city’s jobs). **Political** (housing, investment and services decisions; evidence: 54.1 per cent of Norlane households rent, against 29.3 per cent in Newtown). **Environmental** (local surroundings, amenity and hazards; evidence: Norlane sits beside the industrial land of northern Geelong, Newtown lies near parkland and the city centre).

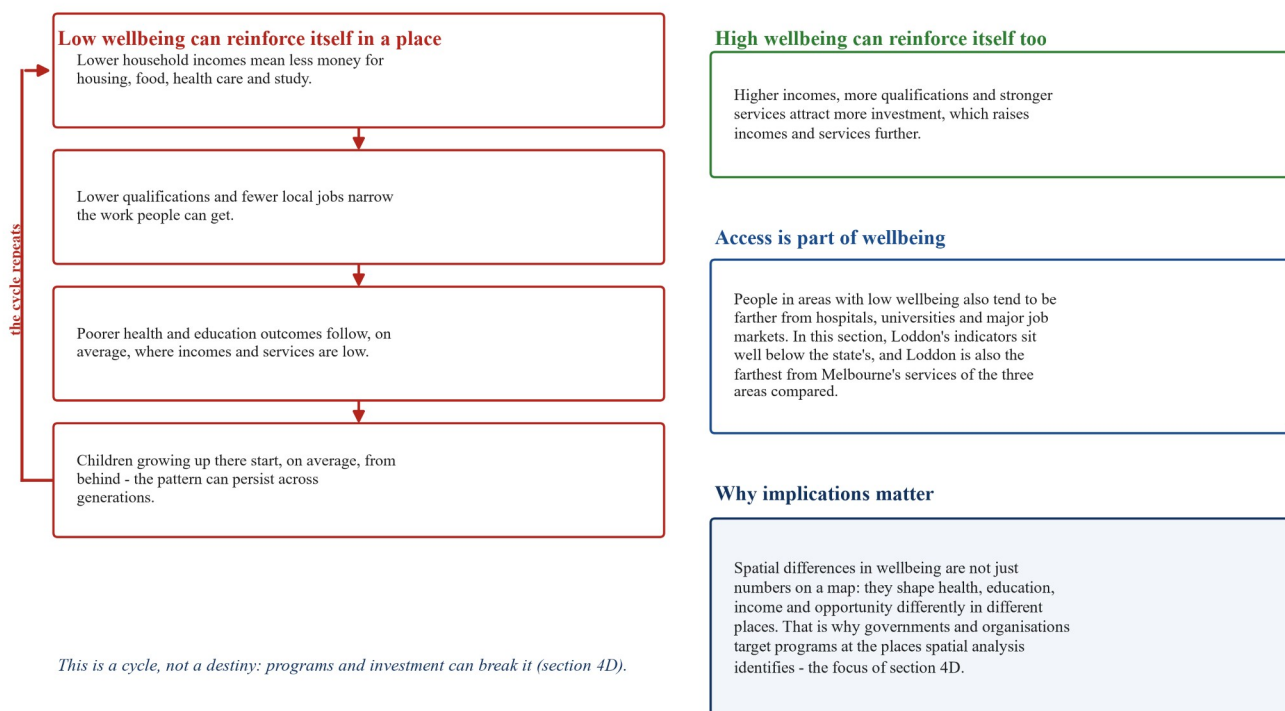
Figure 10 — Five families of likely causes, and the evidence this section carries. Source: original diagram created for this section; cause families as named by the curriculum (VC2HG10K16.E01); evidence from ABS Census 2021 QuickStats and Figures 3–5. Retrieved 25 August 2026.

Read honestly, the Norlane–Newtown pattern fits the **economic** family (fewer local jobs of the kind that pay highly, lower incomes), the **social** family (qualifications open skilled work, and skilled work raises incomes), the **political** family (past decisions about where public housing and industry were placed still shape who lives where) and the **environmental** family (industrial land beside Norlane; parkland and the centre beside Newtown). The **technological** family matters more at the regional scale: access to transport, services and fast internet thins out with distance, as in Loddon. Notice the discipline: each cause is *plausible because* a fact of the pattern points to it — and a different dataset could still disprove it. That is what “patterns suggest, they do not prove” means in practice.

7. Implications: what the differences mean for people and places

Differences in wellbeing are not just numbers on a map; they shape lives. Figure 11 lays out the implications, including the way low wellbeing can reinforce itself in a place.

Implications: what spatial differences in wellbeing mean for people and places



Original model created for this section; the underlying values are the verified ABS data in Figures 4, 5 and 8.

A two-column diagram of implications. Left column, a red cycle of four boxes joined by arrows with a loop labelled “the cycle repeats”: lower household incomes mean less money for housing, food, health care and study; lower qualifications and fewer local jobs narrow the work people can get; poorer health and education outcomes follow, on average, where incomes and services are low; children growing up there start, on average, from behind, so the pattern can persist across generations. A line below adds: this is a cycle, not a destiny, because programs and investment can break it (section 4D). Right column, three boxes: high wellbeing can reinforce itself too (higher incomes, more qualifications and stronger services attract more investment); access is part of wellbeing (people in areas with low wellbeing also tend to be farther from hospitals, universities and major job markets, and Loddon is the farthest from Melbourne’s services of the three areas compared); and why implications matter (spatial differences shape health, education, income and opportunity differently in different places, which is why governments and organisations target programs at the places spatial analysis identifies, the focus of section 4D).

Figure 11 — Implications: what spatial differences in wellbeing mean for people and places. Source: original diagram created for this section; the underlying values are the verified ABS data in Figures 4, 5 and 8.

Two implications matter most for this section. First, **the cycle**: lower incomes, fewer qualifications and higher unemployment travel together in the same places (Figures 4 and 5), and each can feed the next, so a gap this big tends to persist unless something interrupts it. Second, **the targeting**: because the differences sit in *named places* — Norlane, not “the poor” in general; Loddon, not “the bush” in general — responses can be aimed at those places. That is the payoff of doing the spatial analysis first, and it is exactly what section 4D takes up.

8. What spatial analysis contributes (E01)

The curriculum asks students to discuss what spatial analysis adds to our understanding of why human wellbeing differs between places (VC2HG10K17.E01). Figure 12 answers that question by matching each contribution to the figure in this section that shows it.

What spatial analysis contributes to understanding differences in human wellbeing

What spatial analysis adds	The example in this section that shows it
Makes differences visible	The QuickStats table and graphs (Figures 4 and 5) turn raw Census numbers into a visible gap: incomes of \$909 against \$2,092.
Locates differences exactly	The location map (Figure 3) shows the two places are suburbs of one city, only about 7 km apart - not different regions, but neighbours.
Summarises many indicators into one comparable score	SEIFA IRSAD (Figures 6 and 7) folds income, education and work into one score, so Victorian LGAs can be ranked and compared.
Shows what a single average hides	Zooming from the LGA to SA1s (Figure 9) reveals pockets of disadvantage inside an area whose overall score reads as advantaged.
Narrows down plausible causes	The evidence in Figure 10 fits some cause families (economic, social, political) better than others - a starting point for testing, not proof.
Points to where responses are needed	Because the differences are located in named places, programs can be aimed at those places (explored in section 4D).

Original table created for this section (VC2HG10K17.E01).

A two-column table of what spatial analysis adds and the example in this section that shows it. Makes differences visible: the QuickStats table and graphs (Figures 4 and 5) turn raw Census numbers into a visible gap, incomes of \$909 against \$2,092. Locates differences exactly: the location map (Figure 3) shows the two places are suburbs of one city, only about 7 km apart, not different regions but neighbours. Summarises many indicators into one comparable score: SEIFA IRSAD (Figures 6 and 7) folds income, education and work into one score, so Victorian LGAs can be ranked and compared. Shows what a single average hides: zooming from the LGA to SA1s (Figure 9) reveals pockets of disadvantage inside an area whose overall score reads as advantaged. Narrows down likely causes: the evidence in Figure 10 fits some cause families (economic, social, political) better than others, a starting point for testing, not proof. Points to where responses are needed: because the differences are located in named places, programs can be aimed at those places (explored in section 4D).

Figure 12 — What spatial analysis contributes to understanding differences in human wellbeing. Source: original table created for this section (VC2HG10K17.E01).

Without spatial analysis, the differences in this section would be a list of averages. With it, they become a *pattern* (where high and low sit, at two scales), a *set of likely reasons* (the families the pattern fits), and a *set of implications* (what the differences do to people's lives, and where responses should aim). That three-part move — pattern, reasons, implications, all read from *where* things are — is the contribution the curriculum asks you to discuss.

Worked examples

Example 1 — scaffolded (pattern, gaps and likely reasons at a local scale)

Use Figures 3, 4 and 5. Describe the wellbeing pattern across Norlane and Newtown, size the gaps, and suggest which cause families the pattern fits best.

Step	Reasoning
Locate	Both suburbs sit in the City of Greater Geelong, about 7 km apart (Figure 3): Norlane in the north beside industrial land, Newtown to the south-west near parkland and the centre.
Describe	Newtown sits above the city line on income (\$2,092 vs \$1,592) and qualifications (40.6% vs 24.2%) and below

Step	Reasoning
Size the gaps	it on unemployment (3.6% vs 4.4%) and renting (29.3% vs 28.0%); Norlane is the mirror image (Figure 4). Income 2.3 times, bachelor degree or above 4.2 times, unemployment about 2.9 times; renting 54.1% against 29.3% (Figures 4 and 5).
Note the scale	The gap is <i>within</i> one city, not between regions — same state, same council, same services.
Suggest reasons	The pattern fits the economic family (local jobs and incomes), the social family (qualifications and skilled work), the political family (where public housing and industry were placed) and the environmental family (industrial land vs parkland). It fits as a starting point for testing — patterns suggest, they do not prove (Figure 10).

Example 2 — scaffolded (scale: evaluating a claim with Figure 9)

A commenter says: “Greater Geelong sits in national decile 8 for SEIFA, so the city is advantaged and there is no wellbeing problem inside it.” Use Figure 9 to evaluate this claim.

Step	Reasoning
What the claim uses	The LGA-scale score: 989.6, national decile 8 — more advantaged than about eight LGAs in ten, though the score itself sits just under 1000. At that scale the claim is true.
What Figure 9 adds	The 621 SA1s inside the LGA are spread across all ten deciles; 116 (about 19%) sit in deciles 1–2, the two worst-off tenths of Australian areas.
Apply the reading rules	SEIFA is relative, and one number summarises many, so an average can hide pockets (Figure 6, rules 1 and 3). About one SA1 in five inside the city is as disadvantaged as the worst areas in the country.
Judge	The claim is true at one scale and false at another. A fairer statement: Greater Geelong ranks relatively advantaged among LGAs (decile 8), yet contains real pockets of disadvantage — which is precisely why the local scale (Figures 3–5) and the regional scale (Figures 7–8) must both be read.

Practice questions

Scaffolded

Q1. State the working definition of *wellbeing* used in this section, and name the three conditions it is tracked through.

Q2. List the six steps of the spatial-analysis toolkit (Figure 1) in order.

Q3. Using Figure 4: (a) which suburb has the higher median weekly household income; (b) how many times higher is it; (c) which suburb has the higher unemployment rate, and by how many percentage points?

Q4. Use Figure 6. (a) What is the Australian average IRSAD score? (b) What does an area’s decile tell you? (c) Which reading rule warns that an LGA average can hide pockets?

Q5. Using Figure 7, name: (a) the LGA in the highest national decile; (b) the two LGAs in national decile 3; (c) the LGAs whose score sits below the Australian average.

Q6. Use Figure 9. (a) About what share of Greater Geelong’s SA1s sit in deciles 1–2? (b) What is the LGA-wide score and decile? (c) What does comparing (a) and (b) show?

Un scaffolded

Q7. Explain why two suburbs about 7 km apart in the **same city** can show wellbeing gaps as large as Figures 4 and 5. Use at least **two** cause families from Figure 10, and tie each one to a specific number from the figures.

Q8. “Averages hide pockets.” Use Figures 7 and 9 to evaluate this claim for the City of Greater Geelong.

Q9. Using Figure 11, explain one way low wellbeing can reinforce itself in a place, and one reason this cycle is “not a destiny”.

Q10. Discuss what spatial analysis adds to our understanding of why human wellbeing differs between places (VC2HG10K17.E01). Use at least **three** figures from this section, and refer to at least two of pattern, reasons and implications.

Inquiry task — compare two suburbs of your own city (data and source task)

You will collect real data from a named source, represent it, and judge its reliability.

1. **Choose.** Pick two suburbs (or two SA1-sized neighbourhoods) in your own city or in a Victorian city you can name — one you predict is better off and one you predict is worse off. Write your prediction and the clue it is based on (position, housing, industry, services) before you collect data.
 2. **Collect.** From ABS Census 2021 QuickStats, record for each suburb: population, median weekly household income, bachelor degree or above (%), and unemployment (%). Record the retrieval date for each page you use.
 3. **Represent.** Sketch a location map of your two suburbs following BOLTSS (Boundaries, Orientation, Legend, Title, Scale, Source), and draw one graph in the style of Figure 5 to compare your suburbs with their city.
 4. **Analyse.** Run toolkit steps 4–5: describe the pattern (higher/lower than the city line, gaps as multiples), then say which cause families from Figure 10 your pattern fits, and why.
 5. **Evaluate.** Why is the ABS an appropriate source for this task? What does QuickStats do well (same questions, same year, every area) and what can it never show (change since 2021, the feel of a place, culture and belonging)?
 6. **Conclude.** Write three sentences on what your comparison shows about wellbeing at a local scale, using the words *indicator*, *pattern* and *scale* correctly.
-

Answers

Q1. Wellbeing is tracked through three measurable conditions — health, education and income; it is how well people’s lives are going. **Q2.** Ask a spatial question; choose indicators and areas; represent the data; describe the pattern; suggest reasons; work out implications. **Q3.** (a) Newtown. (b) 2.3 times (\$2,092 vs \$909). (c) Norlane, by 6.9 percentage points (10.5 vs 3.6). **Q4.** (a) 1000. (b) Where the area sits in the national spread of areas — which tenth of Australian areas it belongs to. (c) Rule 3: one number summarises many, so averages can hide pockets. **Q5.** (a) Surf Coast (decile 10). (b) Loddon and Yarriambiack (decile 3). (c) Five of the six — Greater Geelong, Ballarat, Greater Bendigo, Loddon and Yarriambiack; only Surf Coast sits above 1000. **Q6.** (a) About 19% (116 of 621 SA1s). (b) 989.6, national decile 8. (c) The city reads as advantaged on average while about one SA1 in five sits in the two worst-off tenths nationally — the average hides pockets. **Q7–Q10.** See fully-worked solutions.

Inquiry task. Answers vary. Check that the student used ABS QuickStats with retrieval dates, represented both suburbs with a BOLTSS map and a Figure-5-style graph, described the pattern with multiples, matched likely cause families, and evaluated the ABS source honestly (strengths and limits).

Fully-worked solutions

Q7. Same city, same laws, same services — yet Norlane’s median weekly household income is \$909 against Newtown’s \$2,092, and its unemployment is 10.5% against 3.6%. Two cause families that fit: the **economic** family, because Norlane sits beside northern Geelong’s industrial land where jobs are lower-paid and less secure, while Newtown lies close to the city centre’s skilled-service jobs; and the **social** family, because only 9.6% of Norlane adults hold a bachelor degree or above against 40.6% in Newtown, and qualifications open the skilled work that pays higher incomes. (The **political** family also fits: 54.1% of Norlane households rent against 29.3%, a trace of past decisions about where public rental housing was placed.) Each cause is tied to a number, and each remains a likely cause to test, not a proven one.

Q8. At the regional scale the claim “Geelong is advantaged” looks true: the LGA scores 989.6, national decile 8 — more advantaged than about eight LGAs in ten (Figure 7), even though the score sits just under 1000. Figure 9 then tests the claim one scale down: the city’s 621 SA1s are spread across all ten deciles, and 116 of them (about 19%) sit in deciles 1–2, the two worst-off tenths of Australian areas. So the single LGA number is an average that hides pockets — exactly what Figure 6’s rule 3 warns about. Evaluation: the claim is **true at the LGA scale and misleading at the SA1 scale**; used alone it would hide the Norlanes inside the city. A sound conclusion keeps both scales in view.

Q9. Reinforcing: lower household incomes mean less money for housing, food, health care and study; that narrows qualifications and the work people can get; poorer outcomes follow; and children growing up in the area start, on average, from behind — so the pattern repeats across generations. Not a destiny: the cycle is a chain of causes, and anything that interrupts a link — investment, services, training, jobs (the focus of section 4D) — can break it; Figure 11 states this explicitly.

Q10. Spatial analysis contributes in three moves this section shows. **Pattern:** Figures 4, 5 and 7 make the differences visible and locate them — two suburbs of one city about 7 km apart, and a Victorian gradient from decile 10 coast to decile 3 shires. **Reasons:** Figure 10 shows the pattern narrowing the list of likely causes (economic, social, political, environmental fit the Norlane–Newtown facts; technological fits the rural gradient) without ever claiming proof. **Implications:** Figures 9 and 11 show what the differences mean — pockets hidden inside an advantaged average, and a cycle that responses can be aimed at, because the differences sit in named places. Figure 9 adds the distinctively spatial lesson of scale: the same city reads differently at LGA and SA1 scale. Any discussion that ties at least three figures to at least two of pattern, reasons and implications meets the elaboration.

Sources

All figures in this section are original, generated from the values shown and listed below. Retrieval date for all cited datasets: 25 August 2026.

- ABS Census of Population and Housing 2021, QuickStats — Norlane (SAL 21960): population 8,682; median age 37; median weekly household income \$909; median weekly rent \$250; bachelor degree or above 9.6%; unemployment 10.5%; households renting 54.1%. Figures 3–5.
- ABS Census of Population and Housing 2021, QuickStats — Newtown (SAL 21938): population 10,445; median age 40; median weekly household income \$2,092; median weekly rent \$360; bachelor degree or above 40.6%; unemployment 3.6%; households renting 29.3%. Figures 3–5.
- ABS Census of Population and Housing 2021, QuickStats — Greater Geelong (C) (LGA 22750): population 271,057; median age 39; median weekly household income \$1,592; median weekly rent \$346; bachelor degree or above 24.2%; unemployment 4.4%; households renting 28.0%. Figures 4, 5, 8 and 9.
- ABS Census of Population and Housing 2021, QuickStats — Greater Bendigo (C) (LGA 22620), Loddon (S) (LGA 23940) and Victoria (STE 2). Figure 8.
- ABS SEIFA 2021 (released 27 April 2023), IRSAD (the index of relative advantage and disadvantage) by local government area: Surf Coast 1075.8 (decile 10); Greater Geelong 989.6 (decile 8); Ballarat 964.8 (decile 7); Greater Bendigo 959.1 (decile 6); Loddon 924.8 (decile 3); Yarriambiack 923.0 (decile 3). Figures 6 and 7.
- ABS SEIFA 2021 (released 27 April 2023), LGA SA1 distributions, IRSAD table — Greater Geelong: 621 SA1s; decile counts 76, 40, 62, 76, 65, 89, 91, 66, 42, 14; deciles 1–2 hold 116 SA1s (about 19%). Figure 9.
- OpenStreetMap coordinates for Norlane and Newtown — straight-line distance about 7 km. Figure 3.
- Original diagrams — Figures 1, 2, 10, 11 and 12, drawn from the values and facts they display.

Note on scope: this section teaches the neutral core of VC2HG10K17 through real, named, neutral Victorian examples — two suburbs of Geelong at a local scale and three Victorian LGAs at a regional scale. Per TOC §2A, .E01 is taught and .E02–.E04 are excluded; no First Nations material appears in this section, and no national SEIFA top-or-bottom lists are used. *Wellbeing* is treated as contested, used in the stated working definition (health, education and income), and contested-term items mark the reasoning, not the position reached. All figures are original and drawn from the values they display.

Improving wellbeing: what governments and aid organisations do, and how well they do it

Strand: Geographical Knowledge and Understanding · Sub-strand: Geographies of human wellbeing. Curriculum: VC2HG10K18. The elaborations are tagged at the end of each part as VC2HG10K18.E01–E03. Teaching sequence (teacher): Figure 1 (who acts, and at what scale) → Figure 2 (Australia's aid budget and its three channels) → Figure 3 (the regional gap in Papua New Guinea) → Figure 4 (the regional gap in Indonesia) → Figures 5–6 (Indonesia's national responses: PKH and JKN) → Figures 7–9 (the SDGs and the world's report card) → Figure 10 (the aid debate, steelmanned) → Figure 11 (criteria for judgement). The examples, questions and inquiry reuse the same eleven figures.

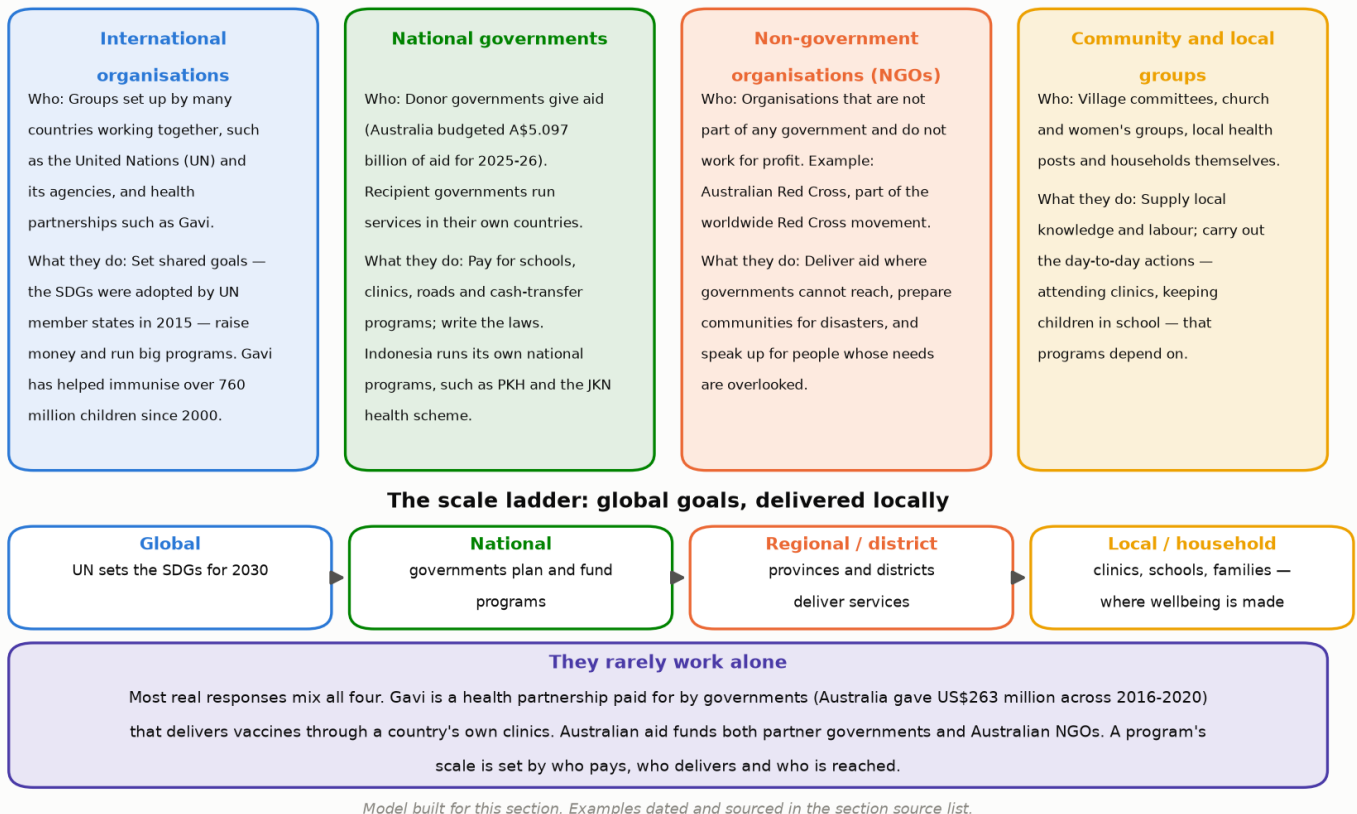
Theory

What is human wellbeing, and who works to improve it? *Human wellbeing* is a contested idea, and this section states its two main readings before choosing one. The income reading says wellbeing is what a person can actually spend — money for food, housing, medicine and school fees — so one number, income per person, is enough to compare places. The broader reading, used by the United Nations Development Programme (UNDP), says money is only one condition of a good life: a person is well-off to the extent that they can *do and be* what they have reason to value — live a long and healthy life, gain an education, and hold a decent standard of living. The UNDP turns that reading into a measure, the **Human Development Index (HDI)**, which combines health (how long people live), education (years of schooling) and income per person into one number between 0 and 1. The income reading is right that income is measurable and comparable; the broader reading is right that income buys little where no clinic or school exists. This section uses the broader reading and keeps the income side in view, because every program below is judged on health, education **and** income. One more definition is stipulated rather than contested: the **extreme poverty line**, set by the World Bank, is the amount a person needs per day for basic survival; the Bank raised it from US\$2.15 to US\$3.00 a day (in 2021 prices) in 2025, and at that line about 808 million people — almost 9.9% of the world's people — live in extreme poverty.

Improving those numbers is the work of four kinds of organisation, acting at four scales (Figure 1). **International organisations**, such as the United Nations (UN) and its agencies and health partnerships such as Gavi, are set up by many countries together and set shared goals. **National governments** both give and receive: donor governments pay **aid** — here a stipulated term, *official development assistance* as defined by the Organisation for Economic Co-operation and Development's Development Assistance Committee: government money given to promote the development and welfare of poorer countries — while recipient governments run services in their own countries. **Non-government organisations (NGOs)** are not part of any government and do not work for profit; the Australian Red Cross, part of the worldwide Red Cross and Red Crescent Movement, is one. **Community and local groups** — village committees, church and women's groups, local health posts, households — carry out the day-to-day actions every program depends on. The scale ladder runs from global goals to local delivery, and most real responses mix all four kinds: a program's scale is set by who pays, who delivers and who is reached.

Who acts to improve human wellbeing?

Four kinds of organisation work at different scales — and often through each other



Four-panel model of the organisations that act to improve human wellbeing: international organisations such as the UN and Gavi, national governments as donors and recipients, non-government organisations such as Australian Red Cross, and community and local groups; below, a scale ladder from global to national to regional and district to local and household, and a partnership panel noting that Australia gave Gavi US\$263 million across 2016-2020

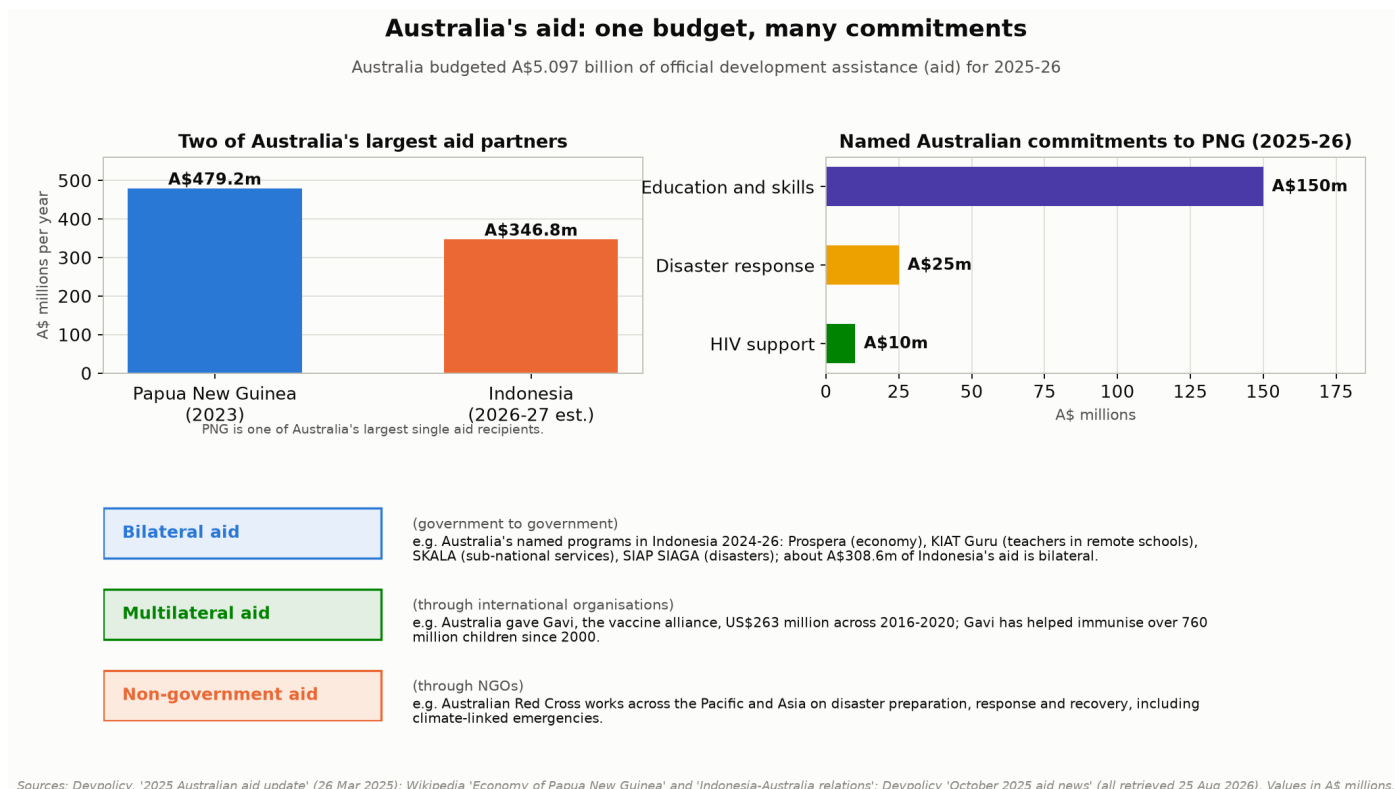
Figure 1 — Who acts, and at what scale. Four kinds of organisation, one scale ladder, and partnerships that mix them.

Australia's part of this work is a budget of A\$5.097 billion of aid for 2025–26, spent through three channels (Figure 2): **bilateral** aid, government to government; **multilateral** aid, pooled through international organisations; and **non-government** aid, delivered through NGOs. The objective of the program follows from the agreed definition of aid itself — to promote the development and welfare of poorer countries — and in practice Australia concentrates the budget on the Pacific and on South-East Asia, with Papua New Guinea (PNG) and Indonesia among its largest partners.

(VC2HG10K18.E01)

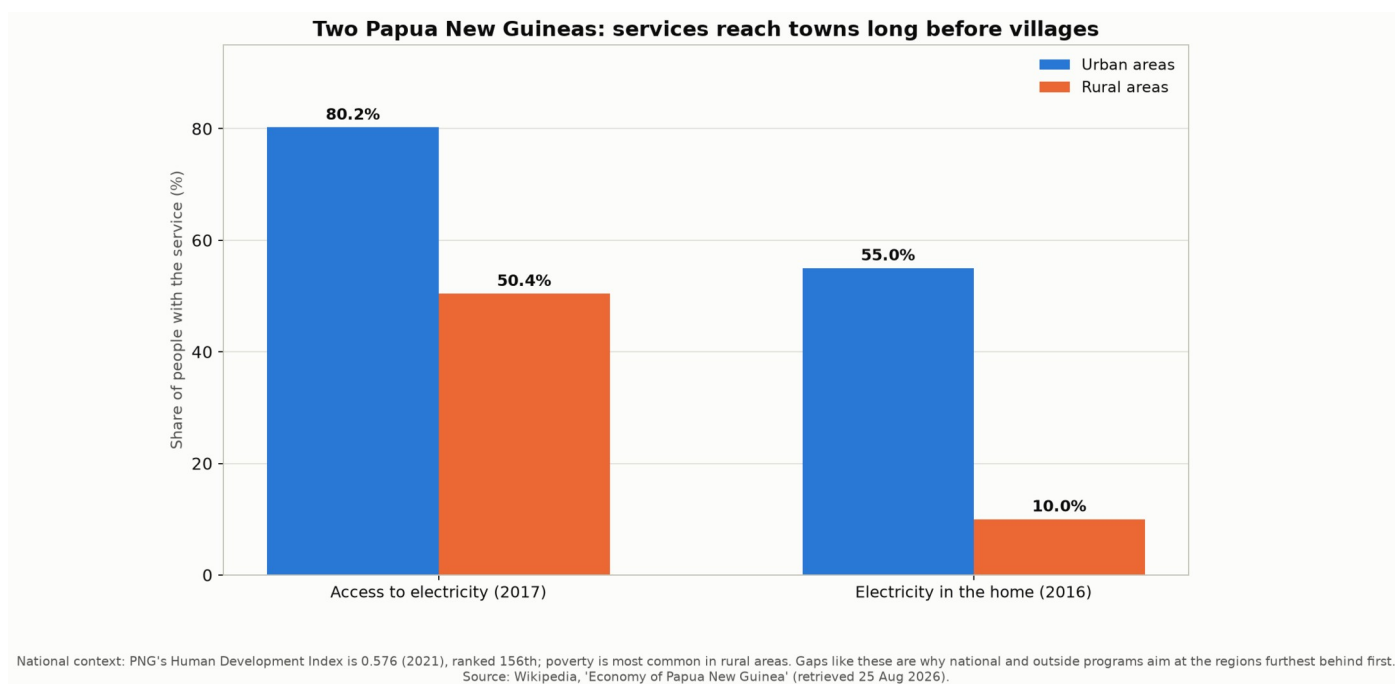
Australia's program in Papua New Guinea: objectives against the gap. PNG is one of the largest single recipients of Australian aid — A\$479.2 million in 2023 — and the objective of that spending is easiest to read from the gap it aims at (Figure 3). PNG's HDI is 0.576 (2021), ranked 156th in the world, and poverty is most common in rural areas; the service numbers show the regional split: in 2017, 80.23% of urban residents had access to electricity against 50.42% of rural residents, and in 2016, 55% of urban households had electricity in the home against 10% of rural households. Australia's named 2025–26 commitments to PNG answer that picture directly: A\$150 million for education and skills, A\$25 million for disaster-response capacity, and A\$10 million for HIV support. The outcomes of such spending are clearest where the channel delivers a measurable product. Through the multilateral channel, Australia gave Gavi US\$263 million across 2016–2020; since 2000, Gavi has helped immunise more than 760 million children and its work has been linked with preventing more than 13 million deaths. Through the NGO channel, Australian Red Cross works across the Pacific and Asia on disaster preparation, response and recovery, including climate-linked emergencies, using its position as part of a worldwide movement to reach people in places governments cannot. The discussion a geographer has of this program is therefore: the objectives (development and welfare,

concentrated on education, disaster readiness and health) match the measured rural–urban gap, and the health outcomes are strong — while the infrastructure gap in Figure 3 shows how much of the work remains.



Two-panel chart of Australian aid: panel A, bars for Papua New Guinea at A\$479.2 million (2023) and Indonesia at A\$346.8 million (2026-27 estimate); panel B, named 2025-26 commitments to Papua New Guinea of A\$150 million for education and skills, A\$25 million for disaster response and A\$10 million for HIV support; below, a panel listing the three aid channels with examples: bilateral programs Prospera, KIAT Guru, SKALA and SIAP SIAGA in Indonesia, multilateral giving to Gavi, and non-government aid through Australian Red Cross

Figure 2 — Australia's aid: one budget, three channels, named commitments. The objective is the development and welfare of partner countries; the commitments show where the money is pointed.

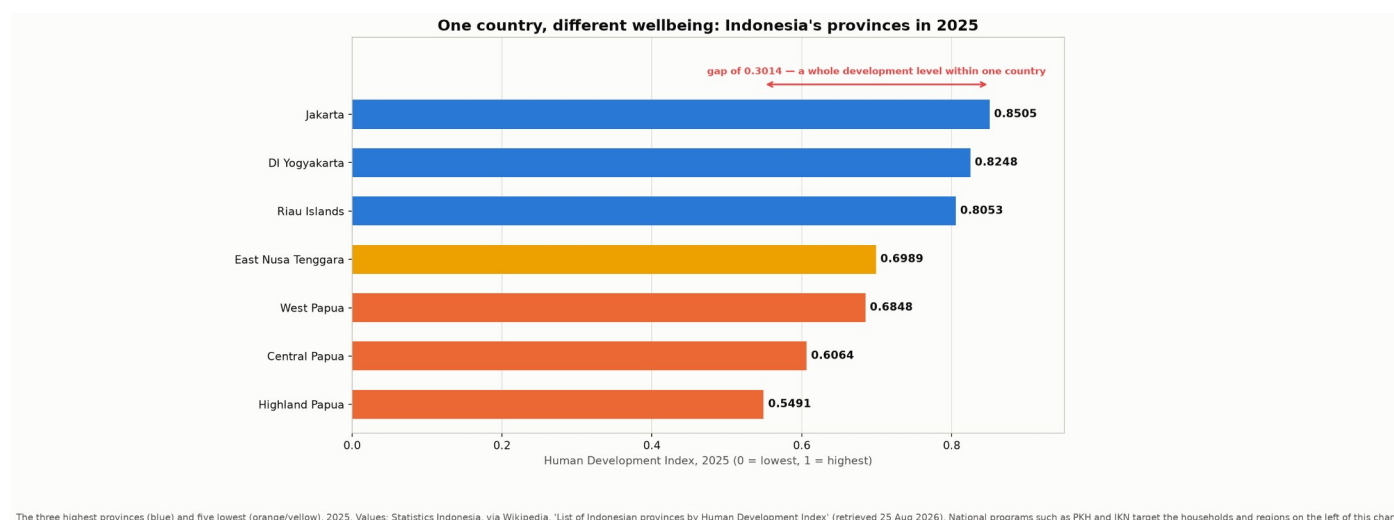


Grouped bar chart of Papua New Guinea's urban-rural service gap: access to electricity in 2017 at 80.2% urban against 50.4% rural, and electricity in the home in 2016 at 55.0% urban against 10.0% rural, with the national context that PNG's HDI is 0.576 (2021), ranked 156th, and poverty is most common in rural areas

Figure 3 — Two Papua New Guineas. Services reach towns long before villages; the named commitments in Figure 2 are pointed at exactly this gap.

(VC2HG10K18.E01)

Indonesia's own response to regional inequality. Indonesia shows the same pattern inside one country (Figure 4). In 2025 the HDI of Jakarta was 0.8505 and the HDI of Highland Papua was 0.5491 — a gap of 0.3014, a whole development level, within a single republic; the outer islands of East Nusa Tenggara (0.6989) and West Papua (0.6848) sit far below the cities of the west. National poverty has fallen from about 23% of the population in 1999 to 8.5% in March 2025, yet the regional split remains: poverty has long been higher in rural provinces than in the cities. Two national programs are Indonesia's response. **PKH** — Program Keluarga Harapan, the Family Hope Program, launched in 2007 — is a conditional cash transfer: the national government identifies poor households (the early target was about 2.4 million families) and pays them regular cash, but only while they keep two conditions: children attend school, and mothers and young children attend regular health checks (Figure 5). The logic is that the cash eases poverty today while the conditions build health and education for the next generation; the stated aims include cutting poverty and supporting women. **JKN** — Jaminan Kesehatan Nasional, the national health insurance run by BPJS Kesehatan — is the health side of the same response: launched in January 2014 covering 48% of the population, it reached 195 million people (75%) by April 2018 and 223 million (83%) by 2020 (Figure 6). When treatment costs are shared through insurance, a serious illness is less likely to push a household into poverty, in remote regions as in the cities. Both programs are national in name but regional in effect: PKH only pays poor households, so the money flows to the provinces on the left of Figure 4, and JKN enrolment covers the same provinces. Australia's bilateral program backs this work — about A\$308.6 million of Indonesia's A\$346.8 million allocation is government-to-government, funding named 2024–26 programs such as Prospera (the economy), KIAT Guru (teachers in remote schools), SKALA (sub-national government services) and SIAP SIAGA (disaster preparedness) — a donor government supporting a recipient government's own response to its own regional inequality.

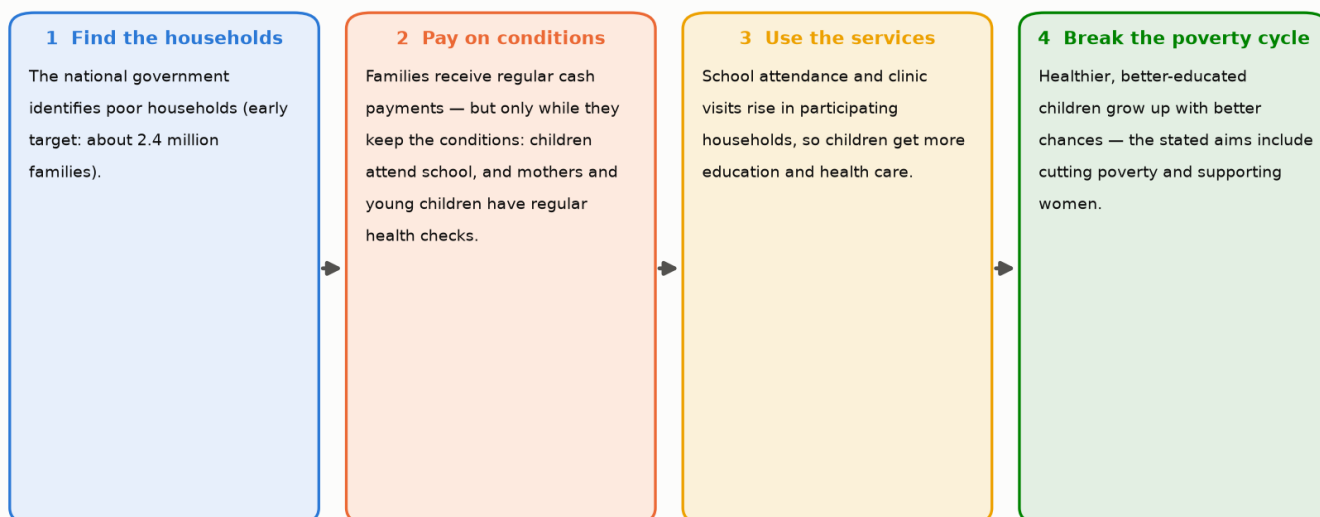


Horizontal bar chart of Human Development Index by Indonesian province in 2025, from Jakarta at 0.8505, DI Yogyakarta at 0.8248 and Riau Islands at 0.8053 down to East Nusa Tenggara at 0.6989, West Papua at 0.6848, Central Papua at 0.6064 and Highland Papua at 0.5491, with a double arrow marking the gap of 0.3014 between highest and lowest

Figure 4 — One country, different wellbeing. The gap between Jakarta and Highland Papua is a whole development level; the programs in Figures 5 and 6 target the provinces on the left of this chart.

How PKH works: money with conditions

Program Keluarga Harapan (Family Hope Program) — Indonesia's conditional cash transfer, launched 2007



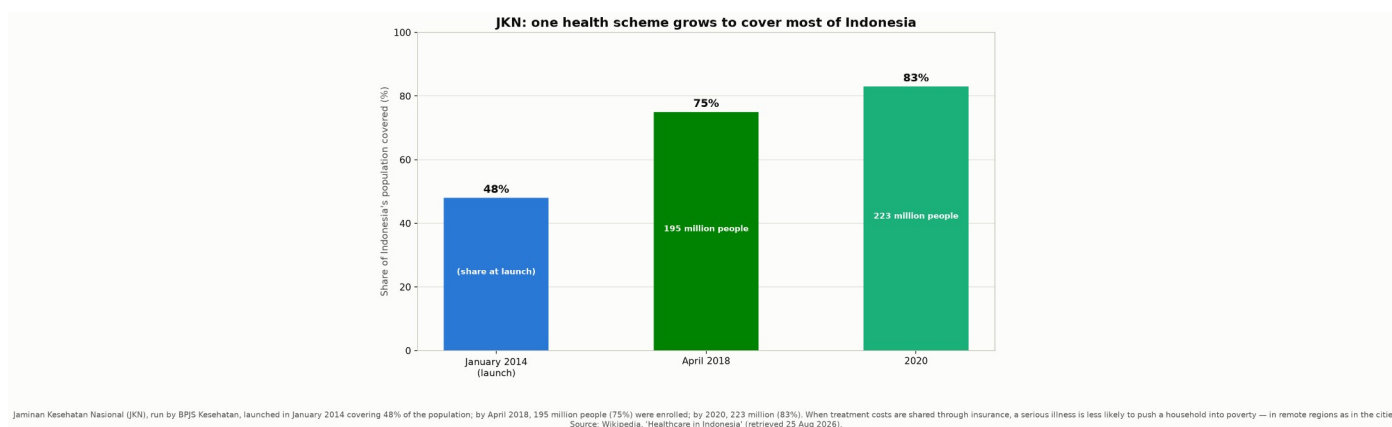
Why this is a response to regional inequality

PKH is a national program, but it only pays households that are poor — so the money flows to the regions and families with the lowest wellbeing, wherever they live. Linking the cash to school and health use means it builds human capabilities, not just income. Its effects are judged by comparing participating households with similar non-participating ones — the same controlled-comparison thinking you met in earlier sections.

Model built for this section. Facts: Wikipedia, 'Program Keluarga Harapan' (retrieved 25 Aug 2026).

Four-step logic model of Indonesia's PKH: the national government finds poor households (early target about 2.4 million families); pays cash on the conditions that children attend school and families attend regular health checks; families use schools and clinics; healthier, better-educated children break the poverty cycle; with a panel explaining why a national program that pays only poor households is a response to regional inequality

Figure 5 — PKH: money with conditions. The cash eases poverty today; the conditions build the health and education that end it.



Bar chart of the share of Indonesia's population covered by the JKN national health insurance: 48% at launch in January 2014, 75% (195 million people) by April 2018, and 83% (223 million people) by 2020

Figure 6 — JKN: one health scheme grows to cover most of Indonesia. Shared treatment costs are a shield against poverty, in remote regions as in cities.

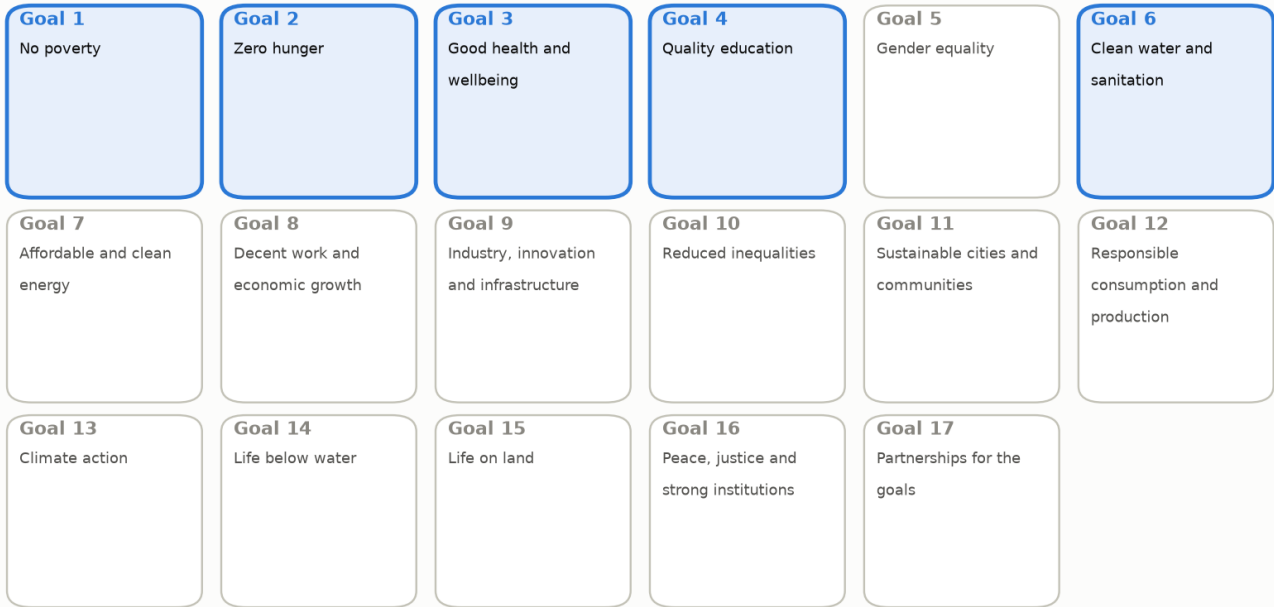
(VC2HG10K18.E02)

The shared yardstick: progress on the Sustainable Development Goals. Since 2015 the work of every organisation in Figure 1 has been measured against one agreed set of targets: the **UN Sustainable Development Goals (SDGs)**, adopted by UN member states in 2015 with a target date of 2030. All 17 goals touch wellbeing, but five sit at its core (Figure 7): Goal 1 (no poverty), Goal 2 (zero hunger), Goal 3 (good health and wellbeing), Goal 4 (quality education)

and Goal 6 (clean water and sanitation). Investigating progress on those goals means asking, goal by goal, where the world stands against its own 2030 targets. *The Sustainable Development Goals Report 2025* (United Nations) gives the overall answer (Figure 8): of the targets assessed, about 35% are on track or making moderate progress, about 47% are advancing too slowly, and 18% have gone backwards. The core goals, indicator by indicator (Figure 9), match that mixed picture. Poverty: about 808 million people live below the extreme poverty line — noting that the line itself was raised in 2025, so part of the measured total is definitional. Hunger: 673 million people faced undernourishment in 2024, and the world is not on track to end hunger by 2030. Health: deaths of children under five fell from 12.6 million a year in 1990 to 4.9 million in 2024 — a fall of about 60%, the strongest long-run gain on the table, and the one to which programs like Gavi contribute. Education: 262 million children and youth were out of school in 2017 and more than 200 million are projected still to be out of school in 2030; completion runs at 79% for the richest households against 34% for the poorest. Water and sanitation: 2.2 billion people lacked safely managed drinking water in 2017 and 4.5 billion lacked safely managed sanitation; the UN calls Goal 6 badly off track. Read together, the three figures show why the organisations in Figure 1 exist: the goals are the shared yardstick, the report card is mostly “too slow”, and closing the named gaps is the stated role of international organisations, national governments and NGOs alike.

The Sustainable Development Goals — the wellbeing core

UN member states adopted the 17 goals in 2015 with a target date of 2030; five sit at the heart of human wellbeing



Goals 1, 2, 3, 4 and 6 (blue) name the direct conditions of human wellbeing — income, food, health, education, safe water and sanitation. Goals such as 5 and 10 support wellbeing by making societies fairer.

Goal names: United Nations, 'The 17 Goals' (sdgs.un.org); retrieved 25 Aug 2026. Highlighting is this section's choice.

Grid of the 17 UN Sustainable Development Goals with Goals 1, 2, 3, 4 and 6 highlighted in blue as the wellbeing core: no poverty, zero hunger, good health and wellbeing, quality education, and clean water and sanitation; a panel notes that goals such as 5 and 10 support wellbeing by making societies fairer

Figure 7 — The SDGs, with the wellbeing core in blue. Adopted 2015; target date 2030.



Stacked bar of the status of assessed SDG targets per The Sustainable Development Goals Report 2025: 35% on track or making moderate progress, 47% advancing too slowly, 18% going backwards, with a panel explaining that the SDGs are the shared yardstick for human wellbeing and 2030 the target date

Figure 8 — The world's report card, 2025. Most targets are moving; most are not moving fast enough.

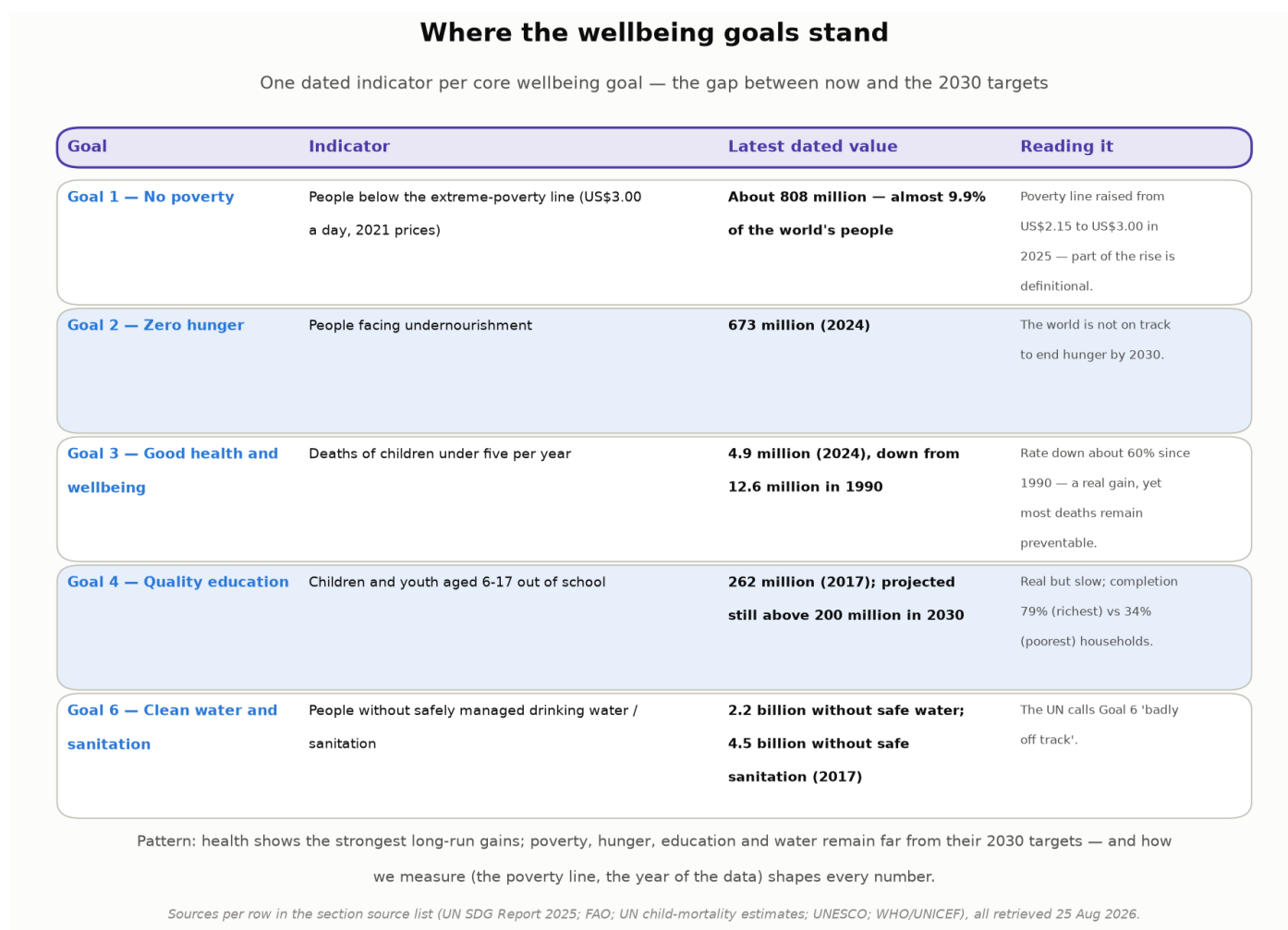


Table of one dated indicator per core wellbeing goal: Goal 1, about 808 million people below the extreme poverty line of US\$3.00 a day; Goal 2, 673 million people facing undernourishment in 2024; Goal 3, 4.9 million deaths of children under five in 2024, down from 12.6 million in 1990; Goal 4, 262 million children and youth out of school in 2017 with more than 200 million projected for 2030; Goal 6, 2.2 billion people without safely managed drinking water and 4.5 billion without safely managed sanitation in 2017

Figure 9 — Where the wellbeing goals stand. Health shows the strongest gain; water and sanitation the weakest. (VC2HG10K18.E03)

Judging the responses: the debate, and the criteria. Any section about aid ends in a debate, and the honest way to run it is to steelman both sides — put each side's strongest case, built from evidence, before judging (Figure 10). Position A (aid works) points to dated gains: more than 760 million children immunised through a partnership Australia funds; under-five deaths down about 60% since 1990; Indonesia's poverty rate down from about 23% to 8.5% alongside aid-supported health and education programs. Its argument is that money spent on proven programs buys wellbeing directly, so aid budgets are an investment, not a gift. Position B (aid is insufficient and needs change) points to the same report card read the other way: decades of aid, and still 18% of assessed targets going backwards, 2.2 billion people without safe drinking water, and school completion at 34% for the poorest against 79% for the richest. Its argument is that aid can bypass the people it targets or let governments off the hook for providing services themselves, so *how* aid is given matters as much as *how much*. Both sides are arguing from the same dated evidence; they differ in what they weigh. That is exactly the skill this section ends on: evaluating one program against named criteria (Figure 11) — reach, outcomes, fairness, sustainability, cost and scale, and the quality of the evidence itself. A program that reaches the regions in Figures 3 and 4, changes a dated indicator, shares its benefits fairly, lasts after outside money leaves, and reports its failures as well as its successes is a strong response; a program that cannot show those things is a weak one, whichever side of the debate it is claimed for.

Does aid work? Two steelmanned positions

Every evidence point is dated and sourced; every position point is an argument, labelled as one

Position A: aid measurably improves wellbeing

Evidence

Since 2000, Gavi (a health partnership Australia funds) has helped immunise more than 760 million children and has been linked with preventing more than 13 million deaths.

Evidence

Deaths of children under five worldwide fell from 12.6 million a year (1990) to 4.9 million (2024) — a fall of about 60%; health aid is one of the named contributors.

Evidence

Indonesia's poverty rate fell from about 23% of the population (1999) to 8.5% (March 2025); aid-supported health and education programs ran alongside that improvement.

Position

Money spent on proven programs (immunisation, school enrolment, clean water) buys wellbeing directly — so aid budgets are an investment, not a gift.

Position B: aid is insufficient and needs change

Evidence

By the UN's own 2025 report, only about 35% of assessed SDG targets are on track; about 47% are advancing too slowly and 18% have gone backwards — despite decades of aid.

Evidence

Goal 6 (clean water and sanitation) is 'badly off track': 2.2 billion people still lacked safely managed drinking water in 2017.

Evidence

Education completion is 79% for the richest households against 34% for the poorest — money alone has not closed the gap.

Position

Critics argue aid can bypass the people it targets or let governments off the hook for providing services themselves — so how aid is given matters as much as how much.

Evidence sources as in the section source list (retrieved 25 Aug 2026). Positions are framed for classroom evaluation, not asserted as fact.

Two-column steelmanned debate figure: Position A, aid measurably improves wellbeing, with evidence chips for Gavi's 760 million children immunised and 13 million deaths prevented, the 60% fall in under-five deaths since 1990, and Indonesia's poverty fall from about 23% to 8.5%; Position B, aid is insufficient and needs change, with evidence chips for the 2025 UN report card (35% on track, 18% backwards), Goal 6 badly off track, and the 79% against 34% school completion gap

Figure 10 — Does aid work? Two steelmanned positions, built from the same dated evidence. The skill is to judge the claim by the evidence, not the evidence by the claim.

Six criteria for judging a wellbeing program

Use this checklist in the inquiry task: for each criterion, record what the evidence says, then give a verdict

1 Reach Who does the program get to? Does it reach the people with the lowest wellbeing — the regions, households and groups it was designed for?	2 Outcomes Does it change measurable wellbeing? Look for before-and-after indicators (enrolment, immunisation, income) and compare with similar people not in the program.
3 Fairness Are the benefits shared fairly? Do women and girls, remote communities, and the poorest households gain as much as those already better off?	4 Sustainability Does the improvement last? Can the host government or community keep it running when outside funding or staff withdraw?
5 Cost and scale Is it worth the money, and could it grow? Compare what was spent with what changed, and ask whether it could cover more people.	6 Evidence How do we know? Are the claims backed by dated, named sources — and does the program report its own failures as well as its successes?

A verdict needs a reason: 'meets the criterion because [dated evidence]', 'partially meets because ...', or 'cannot judge — evidence missing'. Naming a missing piece of evidence is itself a finding.

Original teaching device for this section.

Checklist of six criteria for judging a wellbeing program: reach, outcomes, fairness, sustainability, cost and scale, and evidence, each with a guiding question; a panel notes that a verdict needs a reason and that naming missing evidence is itself a finding

Figure 11 — Six criteria for judging a wellbeing program. The inquiry task at the end of this section puts them to work.

(VC2HG10K18.E01, VC2HG10K18.E02, VC2HG10K18.E03)

Worked examples

Example 1 — scaffolded

Use Figures 3 and 4. (a) Read PNG's urban and rural shares of access to electricity in 2017 and find the gap in percentage points. (b) Do the same for electricity in the home in 2016. (c) Which gap is larger, and what does that difference suggest about households that are *connected* but do not have electricity at home? (d) From Figure 4, name the highest and lowest Indonesian provinces by HDI in 2025 and state the gap. (e) In one sentence, say why a national program that pays only poor households (Figure 5) is a response to the pattern in Figure 4.

Working	Comment
(a) Urban 80.23%, rural 50.42%. Gap = $80.23 - 50.42 = 29.81$ percentage points.	Read the 2017 pair; a gap between two percentages is stated in percentage points, not percent.
(b) Urban 55%, rural 10%. Gap = $55 - 10 = 45$ percentage points.	The 2016 pair is a different measure: electricity actually in the home, not just available in the area.
(c) The home gap (45) is larger than the access gap (about 30). An area can be connected while its households still go without — cost and reliability keep rural households from using a connection that exists.	The two measures are different on purpose; comparing them is the point.
(d) Highest: Jakarta, 0.8505. Lowest: Highland Papua, 0.5491. Gap = $0.8505 - 0.5491 = 0.3014$.	Keep the four decimal places the chart gives you.
(e) Because the poor households PKH pays are concentrated in the low-HDI provinces, a national program that pays only poor households directs its money at the regions on the left of Figure 4.	The link is targeting: national in name, regional in effect.

Example 2 — unscaffolded

By 2020, JKN had largely removed regional inequality in wellbeing in Indonesia. Evaluate this claim using Figures 4 and 6.

The real gain. JKN is a genuine national response: coverage grew from 48% of the population at launch (January 2014) to 75% (195 million people) by April 2018 and 83% (223 million) by 2020, and an insurance card is no respecter of province — a treated illness no longer sells a family's assets, in an outer island as in Jakarta. Against the claim's own measure, enrolment, the scheme did largely remove the *coverage* gap: 83% is most of a country of 270 million people.

The surviving gap. But wellbeing is the wider bundle — health, education and income — and Figure 4's 2025 values, a year after the claim's endpoint, show Highland Papua at 0.5491 against Jakarta's 0.8505: a gap of 0.3014, with every eastern province below every western city. Insurance buys access to treatment; it does not build the clinics, train the doctors, or change the schooling, water and incomes that Figure 9's goals name. Coverage is one input to one of the HDI's three dimensions.

The judgement. The claim is right about the instrument and wrong about the outcome: JKN largely removed one regional inequality (access to insured treatment) and left the larger one (regional wellbeing, 0.3014 of HDI) still standing. That is what "evaluate" requires — the gain is real, named and dated, and so is the gap it did not close.

Practice questions

Scaffolded

Q1. In your own words, define (a) *human wellbeing* as this section uses the term, (b) *non-government organisation*, and (c) *official development assistance* (aid).

Q2. Use Figure 1. (a) Name the four kinds of organisation that act to improve human wellbeing. (b) List the scale ladder in order from global to local. (c) The Gavi example mixes which kinds of organisation, and how?

Q3. Use Figure 2. (a) State Australia's aid budget for 2025–26. (b) Name the two partner countries shown and the figure for each. (c) Give one named example under each of the three channels.

Q4. Use Figure 3. (a) State PNG's urban and rural shares of access to electricity in 2017. (b) State the urban and rural shares of electricity in the home in 2016. (c) Which of the two gaps is larger, and by how many percentage points?

Q5. Use Figure 5. (a) Name the two conditions a PKH household must keep. (b) What was the program's early target number of households? (c) In one sentence, say why the conditions build more than income.

Q6. Use Figure 8. (a) Give the three shares of assessed SDG targets. (b) Name the report they come from. (c) What is the goals' target date?

Un scaffolded

Q7. Using Figures 2 and 3, discuss whether Australia’s named 2025–26 commitments to PNG match the gaps shown. Refer to at least two commitments and one dated gap.

Q8. Using Figures 4, 5 and 6, explain how PKH and JKN each respond to regional inequality in Indonesia, and give one limit of each program.

Q9. Compare the role of an international organisation (Gavi) with the role of an NGO (Australian Red Cross) in improving wellbeing in the Pacific or Asia. Use Figures 1 and 2, and give one dated outcome for each.

Q10. Evaluate Position B in Figure 10 — “aid is insufficient and needs change” — against the evidence in Figures 8 and 9. Weigh both sides and reach a judgement of your own.

Inquiry task

Judge one program. Choose **one** program from this section: Australia’s aid to PNG (the named 2025–26 commitments), Indonesia’s PKH, Indonesia’s JKN, or Gavi. Build a table with one row per criterion in Figure 11 — reach, outcomes, fairness, sustainability, cost and scale, evidence. For each row record: (a) what the dated evidence says, using at least three statistics from this section (or from a named source you locate), each with its source and date; (b) a verdict — *meets*, *partially meets*, or *cannot judge* — *evidence missing*. Your table must contain at least one *cannot judge* row naming exactly what evidence is missing. Close with two or three sentences of overall judgement answering: *does this program improve wellbeing for the regions and households that need it most, and how strong is the evidence for your verdict?* All sources in this section were retrieved 25 August 2026; cite them the same way.

Answers

Q1. (a) Human wellbeing is the extent to which people can live a long and healthy life, gain an education and hold a decent standard of living — the broader UNDP reading, with income kept in view. (b) An NGO is an organisation that is not part of any government and does not work for profit, such as Australian Red Cross. (c) Official development assistance is government money given to promote the development and welfare of poorer countries, as defined by the OECD's Development Assistance Committee. **Q2.** (a) International organisations, national governments, NGOs, and community and local groups. (b) Global → national → regional/district → local/household. (c) Gavi mixes international organisation and national governments (governments such as Australia fund it) and delivers through a country's own clinics and community health workers. **Q3.** (a) A\$5.097 billion. (b) PNG, A\$479.2 million (2023); Indonesia, A\$346.8 million (2026–27 estimate). (c) Bilateral: Prospera (or KIAT Guru, SKALA, SIAP SIAGA); multilateral: Gavi; non-government: Australian Red Cross. **Q4.** (a) Urban 80.23%, rural 50.42%. (b) Urban 55%, rural 10%. (c) The home gap: 45 percentage points against about 30 (29.81). **Q5.** (a) Children attend school; mothers and young children attend regular health checks. (b) About 2.4 million poor households. (c) The conditions turn cash into school attendance and clinic visits, so children gain health and education, not just money. **Q6.** (a) About 35% on track or moderate, about 47% too slow, 18% going backwards. (b) *The Sustainable Development Goals Report 2025* (United Nations). (c) 2030. **Q7.** They match in direction: education and skills (A\$150m) and HIV support (A\$10m) aim at the health-and-education side of wellbeing where rural PNG lags (electricity in the home: 10% rural against 55% urban, 2016), and disaster-response capacity (A\$25m) answers the vulnerability of rural communities; a sound discussion notes that the commitments target services more than the hardware gap (access to electricity: 50.42% rural against 80.23% urban, 2017). **Q8.** PKH responds by paying only poor households, so cash flows to the low-HDI provinces (Highland Papua 0.5491) and the conditions build schooling and health; limit: it reaches enrolled households, not every poor one, and depends on schools and clinics existing to be used. JKN responds by sharing treatment costs nationally, 83% covered by 2020, shielding rural households from illness-driven poverty; limit: insurance is access to treatment, not the clinics, schooling and incomes behind the HDI gap (0.3014). **Q9.** Gavi (international organisation) sets and funds a global goal and delivers through countries' own clinics: more than 760 million children immunised and more than 13 million deaths prevented since 2000, with Australia contributing US\$263 million across 2016–2020. Australian Red Cross (NGO) delivers where governments cannot reach, on disaster preparation, response and recovery including climate-linked emergencies across the Pacific and Asia. Same goal (wellbeing), different role: one pools state money at global scale, the other reaches past the state. **Q10.** A sound evaluation concedes Position B's evidence — 18% of targets backwards, 2.2 billion people without safe drinking water (2017), completion 34% (poorest) against 79% (richest) — then weighs it against Figure 8's other two segments (about 82% of targets are at least advancing) and Figure 9's health gain (under-five deaths down about 60% since 1990), and reaches a stated judgement: for example, aid is insufficient at current scale and design, but “insufficient” is not “failed”. **Inquiry task.** Tables will vary; markers look for one program, one row per Figure 11 criterion, at least three dated statistics with sources and dates, at least one *cannot judge* row naming the missing evidence, and a closing judgement that answers both halves of the question.

Fully-worked solutions

Q1. (a) Human wellbeing, as this section uses the term, is the broader UNDP reading of a good life: the extent to which people can live a long and healthy life, gain an education and hold a decent standard of living — measured by the HDI — with the income reading kept in view because income is what buys food, housing and medicine. (b) A non-government organisation is an organisation that is not part of any government and does not work for profit; Australian Red Cross is this section's example. (c) Official development assistance (aid) is government money given to promote the development and welfare of poorer countries, as defined by the OECD Development Assistance Committee — a stipulated definition, so the objective of any aid program follows from it.

Q2. (a) The four kinds are international organisations (UN, Gavi), national governments (donors such as Australia and recipients such as Indonesia and PNG), NGOs (Australian Red Cross), and community and local groups (village committees, church and women's groups, health posts, households). (b) Global → national → regional/district → local/household. (c) Gavi is an international partnership that national governments fund (Australia gave US\$263 million across 2016–2020) and that delivers vaccines through a country's own clinics — global money, national delivery, local hands.

Q3. (a) A\$5.097 billion for 2025–26. (b) Papua New Guinea, A\$479.2 million (2023); Indonesia, A\$346.8 million (2026–27 estimate). (c) Bilateral (government to government): Prospera, KIAT Guru, SKALA or SIAP SIAGA in Indonesia; multilateral (through international organisations): Gavi; non-government (through NGOs): Australian Red Cross.

Q4. (a) 2017 access to electricity: urban 80.23%, rural 50.42%. (b) 2016 electricity in the home: urban 55%, rural 10%. (c) The home gap is larger: 45 percentage points against 29.81 — a difference of about 15 percentage points, showing that connection and household use are different things.

Q5. (a) The two conditions are school attendance for children and regular health checks for mothers and young children. (b) About 2.4 million poor households (the early target). (c) Because the cash is only paid while the conditions are kept, it is converted into school attendance and clinic visits — health and education, the two non-income parts of the HDI, not just money today.

Q6. (a) About 35% of assessed targets on track or making moderate progress, about 47% advancing too slowly, 18% going backwards. (b) *The Sustainable Development Goals Report 2025*, United Nations. (c) 2030 (the goals were adopted in 2015).

Q7. Direction: match. The commitments — education and skills A\$150 million, disaster-response capacity A\$25 million, HIV support A\$10 million (2025–26) — aim at health, schooling and vulnerability, exactly where Figure 3 shows rural PNG behind (electricity in the home 10% rural against 55% urban in 2016; poverty most common in rural areas; HDI 0.576, ranked 156th). Scale: partial. The largest single gap in Figure 3 is infrastructure — access to electricity 50.42% rural against 80.23% urban (2017) — and the named 2025–26 commitments are service commitments, so a sound discussion ends with: the money is pointed at the right gaps, and the hardware gap shows the size of the remaining work.

Q8. PKH: a national conditional cash transfer (2007) that pays only poor households — about 2.4 million in the early target — on the conditions of school attendance and regular health checks; because poor households concentrate in the low-HDI provinces (Highland Papua 0.5491 against Jakarta 0.8505), the program is national in name and regional in effect. Limit: it reaches only enrolled households and depends on schools and clinics being there to use. JKN: national health insurance (2014) that grew from 48% to 83% coverage (223 million people) by 2020, sharing treatment costs so illness does not cause poverty, in remote provinces as in cities. Limit: it buys access to treatment, not the schooling, water and incomes behind the HDI gap of 0.3014. Together: two national programs aimed at a regional pattern, each real, each bounded.

Q9. Gavi is an international organisation: many governments pool money (Australia US\$263 million, 2016–2020) to set and fund a global health goal, delivered through each country's own clinics; dated outcome: more than 760 million children immunised and more than 13 million deaths prevented since 2000. Australian Red Cross is an NGO: not part of any government, working for no profit, part of a worldwide movement, delivering disaster preparation, response and recovery — including climate-linked emergencies — across the Pacific and Asia, reaching people where governments cannot. The comparison: both improve wellbeing at regional scale, but Gavi's role is pooling state money behind one measurable product (immunisation), while the Red Cross's role is reach and advocacy past the edges of the state.

Q10. Structure of a sound answer. Concede the strongest evidence for B: 18% of assessed targets going backwards despite decades of aid; Goal 6 badly off track with 2.2 billion people without safely managed drinking water (2017); school completion 34% for the poorest households against 79% for the richest. Weigh the counter-evidence: about 82% of assessed targets are at least advancing (35% + 47%), and Goal 3 shows what aid-backed programs can do — under-five deaths down from 12.6 million (1990) to 4.9 million (2024), about 60%. Judgement (example): Position B is the better reading of the *scale* of the task — current aid is insufficient and its design matters — but “insufficient” describes a shortfall against an enormous target, not a failure; the health column of Figure 9 is the proof that the instrument works when the program is proven. A stated, evidenced position either way earns the mark.

Inquiry task — one possible approach. Program: JKN. Reach: meets — 83% of the population covered by 2020 (223 million), including remote provinces. Outcomes: partially meets — treatment costs shared, but the 2025 HDI gap (0.3014) persists. Fairness: meets in design (one scheme, all provinces), partially meets in effect (eastern provinces still lowest). Sustainability: partially meets — a permanent national scheme, but funding it long-term is an open question the section's sources do not settle. Cost and scale: meets on scale (largest single health scheme in the region

by enrolment); cost evidence missing. Evidence: cannot judge — the section holds enrolment data, not treatment-outcome data; the missing evidence is a dated study comparing health outcomes of enrolled and unenrolled households. Closing judgement: JKN improves wellbeing for the regions and households that need it most by removing the cost barrier to treatment, and the enrolment evidence for that is strong — while the outcome evidence named as missing would be needed to upgrade the verdict.