



Child and Family Hubs and Social Capital

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Although reasonably new to Australia, the integration of services for families has a long history in the United States. There, service integration initiatives began in the last century as a way of alleviating the inequities experienced by the poor and needy. More recently, programs such as the Head Start preschool program in the United States, along with initiatives in Canada, have been successful in providing integrated health, education, social services, and parent education for low-income families (Connor, 2001; Johnson, 1993). Similar attempts are also underway in the United Kingdom where significant government funding has been committed to the establishment of Early Excellence Centres that link early childhood centres, social services and health services within local communities (Pascal et al., 1999).

Likewise, key government departments in Australia are pursuing service integration as a way of ensuring better access to and delivery of services to families. The Australian Government's *Stronger Families Agenda* (2000), along with the *National Agenda for Early Childhood* (2003), exemplifies the importance now placed on cross-sectoral approaches to child and family services. At a state level, the Queensland Department of Families (now known as the Department of Communities) in its *Strategic Plan 2000-2003* expressed a commitment to:

lead, coordinate and advocate for the planning and provision of enhanced high quality integrated human

services, as well as the development of community infrastructure and networks in a manner that is accessible, promotes participation and is responsive to the diversity of communities (2000, p. 1).

Queensland's Child Care and Family Support Hubs (Hubs) have been funded by this department to provide easily accessible integrated care, education and health services to children and families. The Hubs were designed to:

- bring together services to meet the diverse needs of children and families within a community; and
- focus on the provision of child care and early childhood services, family and parenting support, health services, and community activities (Queensland Department of Families, 2001).

Each Hub was envisaged as unique to its community with the mix of services and operational mechanisms to be determined by local community members. Some were, are, or will be, one-stop shops for service provision, while others link existing or planned services that operate from a variety of locations. Of the 14 Hubs funded in 2001, and of the 10 funded in 2002, 19 are in rural, remote or regional areas of the state.

Service delivery to rural Australians

For rural Australians, inaccessibility of services is an ongoing issue that contributes to a range of negative outcomes, including lower income



levels, higher rates of welfare dependency (Haberkm, Hugo, Fisher & Aylward, 1999), lower education levels and poorer health (Dixon & Welch, 2000). Lack of access to social or emotional support can also be problematic for those residing in rural or remote localities and social isolation may mean that many families have few incidental encounters in the local neighbourhood; encounters that may provide informational and emotional support (Fegan & Bowes, 1999). The relationship between social support and health and well being was identified by Berkman and Syme (1999). Their research in the United States found that lack of support from sources such as family, friends, workmates, health professionals or community organisations was associated with increased rates of mortality. Australian commentators have also suggested that integrated support has the potential to alleviate poverty-related stresses and increase the capacity for family empowerment (Hurd, Lerner & Barton, 1999).

Social capital

Current literature on child and family services reveals a growing interest in the notion of social capital (i.e. social relations and networks based on trust and reciprocity). An allied body of evidence indicates that social capital contributes to positive child and family outcomes (Runyon, Hunter, Socolar, Amaya-Jackson, English, Landsverk, Dubowitz, Browne, Bangdiwala & Mathew, 1998; Stone, 2001). Indeed, in Australia, social capital has been identified by the Commonwealth Department of Family and Community Services (2000) as one of five key determinants of social and family well being and health.

Communities high in social capital, as evidenced by dense and complex social relationships, helpful information networks, clear-cut norms and perceptions of stability, have significantly higher levels of wellbeing than communities with limited social capital, as evidenced by alienation, fragmentation, intolerance and vulnerability (Coleman, 1988; Fegan & Bowes, 1999; Jack & Jordan, 1999).

Social capital has been linked to a range of positive health, education and other outcomes (Baum, F., Palmer, Modra, Murray & Bush, 2000; Kawachi & Berkman, 2000). Social Capital is frequently associated with a sense of community, or a feeling of belonging to a group. The absence of a sense of community has been found to engender feelings of isolation and loneliness (Osterman, 2000). One of the few studies to investigate a sense of community among children (aged 8-12) found correlations with increased school performance, pro-social development and personal wellbeing (Solomon, Battistich, Watson, Schaps & Lewis, 2000).

The Research

Service integration research requires cross-sectoral collaboration to ensure an inter-disciplinary orientation and to address requisite health, education, social and family support agendas. In light of this integrated agenda, a multi-disciplinary, cross-sectoral consortium was initiated at QUT with partners from the Queensland Department of Families, the Commonwealth Department of Family & Community Services, Education Queensland, Queensland Health, the Commission for Children and Young People Queensland, and the Crèche & Kindergarten Association of Queensland.

The consortium's work on social capital in communities with integrated Hubs comprises two studies: the ACCESS pilot study (2001-2002) of user views of service provision in two Queensland Hubs communities (Farrell, Tayler & Tennent, 2003) and the prospective IMPACT study (2004-2006) into the effectiveness and impact of Hubs in six Queensland communities.

ACCESS pilot (2001-2002)

The ACCESS pilot investigated two of the first integrated Hubs to be funded in Queensland, one in a rural/remote community in North Queensland and the other in outer urban Brisbane. The rural/remote community was in the preliminary stages of developing a Hub in

the grounds of an existing primary school, while the outer/urban Brisbane Hub was well advanced in operating the Hub from an existing Community Youth and Services Association office. The pilot surveyed parents ($n=143$) who resided in the two Hub localities on community social capital using the 36 item 4 point Likert scale instrument developed by Onyx and Bullen (1997). This instrument comprises several dimensions of social capital including community participation; neighbourhood connections; family and friend connections; tolerance of diversity; feeling of trust and safety; and proactivity in a social context. Children aged 4-8 years ($n=138$) attending schools/preschools in the locality were also surveyed using an adaptation of Onyx and Bullen's (1997) instrument. Information was also sought from existing or potential providers of services and Hub coordinators.

Quantitative data were coded and analysed to identify patterns among the responses. Open-ended responses underwent thematic analysis to generate discursive themes within the data set.

The ACCESS pilot provided important and timely baseline data on community

demographics, service needs and expectations of the Hub locality as well as insights into social capital and community capacity in two different Hub communities.

As Table 1 indicates, respondents in the pilot rural and urban communities shared several demographic similarities including number of children in family and level of maternal employment. Chi square analyses confirmed several significant differences between the two groups of respondents including type of residence, number of single parent households and household income source. Compared with respondents from the urban community, those in the rural community were less likely to live in government housing $\chi^2 (2, n=143) = 22.46, p=.000$, be a single parent $\chi^2 (6, n=143) = 36.32, p=.000$ and derive their income from a pension or benefit $\chi^2 (3, n=106) = 9.72, p=.021$.

Reports from respondents suggested that those in the urban community had better access to a range of social and health services, albeit fragmented (Farrell, Tayler & Tennent, 2003; Tennent, Tayler & Farrell, 2002). Nevertheless, most participants in both communities expressed strong support for,

Table 1: Demographic characteristics of ACCESS respondents

	Rural Community N = 81	Urban Community N = 62
Mean number children	2.1	2.1
Living in government housing	1.2%	25.8%
Mean years lived in area	12.6 years	7.6 years
Single parent household	11.1%	38.7%
Income source wages/salary	79.5%	62.9%
Income source pension/benefit	4.5%	25.8%
Income < \$20K pa	11.9%	21.0%
Maternal employment	78.4%	69.4%
ATSI background	3.1%	16.1%
Disability in family	17.0%	12.9%

and interest in, the Hubs' proposed activities. In the rural community service needs focused on health services and child care services, whereas participants in the urban community prioritised recreation programs for children and youths and educational and counselling services for adults.

In terms of social capital, Table 2 shows that there were several differences on the dimensions according to community type. Mann-Whitney U tests confirmed that four of these differences were significant. Reports of participation in the local community were significantly higher in the rural community (U=1953.0, $p < .05$) as were reports of neighbourhood connections (U=1765.0, $p < .05$), and value of life (U=1804.5, $p < .05$). The largest difference between the communities related to feelings of trust and safety. Mann-Whitney U tests confirmed that those in the rural community were significantly more likely to agree that they trusted others and that they felt safe in their community (U=590.0, $p < .01$). There were no significant differences in responses between the rural and urban community participants for family and

friends connections, tolerance of diversity and proactivity in a social context.

In relation to data on children's social capital, Chi-square analyses revealed significant differences according to community (See Table 3). Children in the rural community were less likely than those in the urban community to report being involved in clubs or groups $\chi^2 (1, n=138) = 5.40, p = .020$. Frequency responses also indicated that rural children were less likely to visit friends, relatives or neighbours, although these differences were not found to be significant. Given that many of these children live some distance from other people and facilities, this finding was not surprising. For the rural children, school (as the centre of the Hub) offered the primary socialization opportunity outside the immediate family. In relation to feelings of trust and safety, it was encouraging to note that a majority of children in both communities reported trusting others while almost all children indicated that they felt safe living in their area. Interestingly, significantly fewer children in the rural community reported that they would help a friend with

Table 2: Comparison of mean scores on dimensions of social capital in two ACCESS communities: ACCESS rural and ACCESS urban

Communities	Maximum possible score	ACCESS rural N = 81	ACCESS urban N = 62
Community participation	28	14.1	12.1
Neighbourhood connections	20	13.9	11.9
Family & friends connections	12	8.1	7.7
Value of life	8	6.3	5.5
Tolerance of diversity	8	6.1	6.1
Feelings of trust & safety	20	16.7	11.0
Proactivity in a social context	20	15.1	14.5

Table 3: Affirmative responses to social capital questions – rural children and urban children

	Rural N = 42	Urban N= 96
Are you in any clubs or groups?	7%	36%
Do you visit friends or relatives very often?	67%	77%
Do you get to visit neighbours very often?	50%	60%
Do you trust most people?	62%	68%
Do you feel safe living in this area?	93%	94%
If you saw rubbish in the playground would you pick it up?	93%	93%
If a friend was having difficulty with homework would you help them out?	86%	99%
Do you like being with people who are different from you (like from another country)?	48%	90%

homework $\chi^2 (1, n=138) = 10.64, p=.001$ and that they liked being with people who were different from them $\chi^2 (1, n=137) = 28.50, p=.000$).

Six months later, focus group discussions with Hub users and service providers in the urban community revealed a range of positive outcomes associated with the Hub. Benefits noted by Hub users included new skills, knowledge and friendships resulting from access to training, educational and recreational programs. In addition to improved access to and awareness of local services, Hub service providers noted that parents' use of the Hub appeared to have a positive impact on their confidence and morale and their sense of connectedness with the community.

The findings of the pilot study thus strengthened the case for rigorous identification and measurement of the social dimensions of communities as the Hubs strategy is reviewed to measure its impact on local families. In addition, the findings showed that further exploration of the links between measures of social capital and the types of child and family service provision in local communities is necessary.

Impact study (2004-2006)

Building on the ACCESS study, the IMPACT study will examine in greater depth, the impact of the provision of integrated child and family services Hubs in six Queensland communities. Funded by the Australian Research Council for the period 2004-2006, the study involves the consortium responsible for the ACCESS pilot study.

Research questions framing the IMPACT study include: What are the perspectives of stakeholders (i.e. children, parents, personnel and service providers) on innovative, integrated child and family services (known as Hubs)? What is the impact of the Hubs on child, family and community outcomes? What factors facilitate and hinder Hub development in local communities?

The IMPACT study will build on and extend the preliminary research by:

- generating new data on the development, usage and impact of Hubs services on individuals and community social capital;

- documenting the views of children on their Hubs experience (rarely considered in planning). This methodological innovation (Farrell, Tayler & Tennent, 2002) reflects international research on the rights of children to express their views on issues that concern them and affect their daily lives (James, 2000; Mayall, 2000);
- advancing inter-departmental, inter-sectorial research using a coordinated approach to the development of integrated services in rural and regional areas; and
- identifying strategies and mechanisms that underpin successful integration of services for children and families.

The IMPACT study will adopt a multi-phase, mixed-method approach using surveys, interviews and focus groups to monitor the progress of the Hubs and pinpoint specific impacts on the communities they serve. Information from the following four participant groups will be sought:

- **Parents** (existing and potential Hub users), recruited from local services, will be asked about their needs and expectations in relation to service provision and a range of questions drawn from measures of social capital, sense of community and wellbeing (Davidson & Cotter, 1991; Onyx & Bullen, 1997; Perkins, Florin, Rich, Wandersman & Chavis, 1990; Tayler, Farrell & Tennent, 2002).
- **Children** (aged 4 to 10 years) taking part in the local services will be interviewed to establish what they view as important in their social worlds (Mayall, 2000; Perkins et al., 1990; Tayler, Farrell & Tennent, 2002). Children will also be asked questions relating to social capital, sense of community and well being (Davidson & Cotter, 1991; Onyx & Bullen, 1997; Perkins, Florin, Rich, Wandersman & Chavis, 1990; Tayler, Farrell & Tennent, 2002).

- **Hub personnel** will be asked about Hub establishment issues, challenges and successes (Hawe, King, Noort, Jordens & Lloyd, 2000; Tayler, Farrell & Tennent, 2002). Service providers such as health workers, early childhood professionals and interest groups who offer, or intend to offer, services through the Hub will be surveyed about their programs, aspirations and results (Tayler, Farrell & Tennent, 2002).

In addition, services provided in the immediate community and surrounding areas will be scanned and their scope and activities documented.

At each interval, themes emerging will be analysed and considered critically by the participants in focused discussion for relevance and impact in relation to Hub aspirations and directions. A toolkit of critical processes for effective integrated Hub's services is a planned outcome of the study.

Conclusion

The challenge for providers to work beyond single-service approaches and respond to local aspirations and needs has been set by communities seeking better access and support. Integrated service Hubs have the potential to enhance the well being of families and children, although their impact is yet to be established. The findings of the ACCESS study revealed strong community interest in Hubs as a mechanism for integrating local child and family services. The study also suggested that Hubs have the capacity to build social capital, particularly in communities where access to social relationships and information networks is limited. The effectiveness of Hubs for organising services needs careful, long-term assessment. It will be the task of the IMPACT study to determine if Hubs also contribute to social capital development, sense of community and individual well being.

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