

Integrated service hubs: Potential outcomes for children and communities?

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ABSTRACT

Worldwide, growing evidence attests to the importance of effective early care and education services. Initiatives such as the Early Excellence Centres in the UK suggest that access to, and awareness and responsiveness of community services are enhanced when the services are integrated. It is also possible that service integration has the potential to build community social capital.

This paper presents some of the findings from phase one of a collaborative study between QUT and several government and non-government organisations* into the establishment and ultimately, effectiveness, of two community hubs in Queensland. These hubs are community-driven initiatives funded by the Queensland Department of Families that aim to meet the diverse needs of children and families within a community. The hubs are focused on the provision of integrated child care and early childhood services but also include family support services, parenting support, health services, community activities and education services. The investigation was underpinned by social capital theory. The paper reports on data collected from community surveys (N =143) and child interviews (N = 138) in a rural and urban Queensland locality. Community surveys elicited insights about existing services, suggestions for potential hub services and their perceived benefits. Questions designed to determine levels of social capital were also asked. Analysis of returned community surveys revealed widespread support and enthusiasm for the hub and numerous ideas for potential services and activities. Also found in the rural locality were high levels of community social capital, particularly for the dimensions of community participation, feelings of trust and safety and value of life. In the urban community, however, levels of social capital were substantially lower. Interesting differences were also found between the responses of rural and urban children on several dimensions of social capital.

Background to the study

The importance of effective early care and education services is widely recognised. This recognition stems from a growing body of research that attests, not only to the immediate benefits of effective services for children and families, but also to longer-term societal and economic benefits (McCain & Mustard, 1999; Pascal, Bertram, Gasper, Mould, Ramsden & Saunders, 1999; Schweinhart & Weikert, 1997). In Australia, however, a history of single-focus, separate, specialised, and competing services has led to widespread dissatisfaction with service provision which is viewed by many to be inflexible, inaccessible or out-of-touch with the needs of contemporary families (the Senate Inquiry into Early Childhood Education, 1996; the Queensland Child Care Strategic Plan, 1999).

In response to the perceived shortcomings in service provision, many government departments are looking to service integration as a way of ensuring better access to and delivery of services to families, although the philosophy driving these new directions varies across projects. In the United States, for example, programs such as the Head Start preschool program have successfully provided integrated health, education, social services, and parent education for low-income families. Programs are also underway in the United Kingdom, where significant government funding has been dedicated to the development of Early Excellence Centres featuring a variety of linkages between early childhood centres and social services, child care and health services, early education and community agencies (Pascal, et al. 1999).

Social Capital

In Australia, there is now widespread interest in the potential of service integration for all families. This interest is embedded in notions of enhancing family and community capacity through the building of social capital. Defined by Stone and Hughes (2000:20) as *the networks of social relations characterised by norms of trust and reciprocity*, social capital is seen as a way of *stemming the tide of perceived community decline* (Stone, 2001:1). The essence of social capital, it appears, is *quality social relations* within the community. It has been identified as one of five key family resources used to gauge social and family wellbeing and functioning (Commonwealth Department of Family and Community Services, 2000). Integral to building social capital are Informal networks, volunteering, local solutions to local problems, and a bottom up approach from government (Stone, 2000).

According to Woolcock (1998), it is this social capital that enables families and communities to *get by* or *get ahead*. Indeed, a growing body of research suggests that high levels of social capital are associated with a range of positive health, education and other outcomes (Baum et al, 2000; Coleman, 1988; Kawachi & Berkman, 2000; Meier 1999; Teachman, et al, 1996). In addition, studies into child and youth outcomes indicates that social capital can help overcome disadvantage and is instrumental to school retention and general-well-being (Runyon et al, 1998; Furstenberg & Hughes, 1995).

Research in Australia by Onyx and Bullen (1997) suggests that social capital is a multidimensional construct comprising elements related to:

- participation in local community
- neighbourhood connections
- family and friends connections
- proactivity in a social context
- feelings of trust and safety
- tolerance of diversity
- value of life

Child Care and Family Support Hubs

A recent Queensland Department of Families (2001) strategy aimed at facilitating service integration is the establishment of child care and family support hubs. These hubs are community driven initiatives that:

- bring together services that aim to meet the diverse needs of children and families within a community;
- are focused on the provision of child care and early childhood services but also potentially include family support services, parenting support, health services, community activities and education services; and
- will be unique to each community with the mix of services and operational mechanisms determined by local community members (Queensland Department of Families, 2001).

Of the 14 hubs funded in 2001, half were in rural or remote areas of the state.

Study Aims

With the exception of recent research by Tayler, Tennent, Farrell and Gahan (2002), there is no published Australian research to guide and support the integration of services for communities, particularly in the context of building social capital. This study, therefore, aims to inform policy decision-making and improve services for all families and young children in a locality by:

- identifying the types and location of health, care and education services used in the communities;
- describing the types of services that the communities would like made available from the hub;

- exploring community views surrounding the likely use and benefits of the hub; and
- examining levels of social capital within the hub communities.

METHOD

Procedure

In consultation with the industry partners, the hub communities being studied are a rural community and a disadvantaged urban community. Surveys were used to collect data from community members. In far north Queensland, these surveys were distributed and returned via mail using electoral roll information. In Brisbane, surveys were distributed via the two schools that are linked to the hub. Information from children was collected through interviews.

Participants

Participants in this phase of the study were adults who resided in the two hub localities and children (aged 4-8 years-of-age) who attended schools in these localities.

Measures

Community survey questionnaires

Survey questionnaires were used due to the large number of potential respondents. As well as demographic data, questionnaires elicited information about:

- the types and locations of services currently used
- the types of services or programs that could be made available from the hub
- specific benefits associated with the provision of such services or programs
- expected personal usage of the hub

In addition, levels of community social capital were gauged using a 36-item instrument developed by Onyx and Bullen (1997) that asked about issues related to community participation, friends and family connections, neighbourhood connections, value of life, proactivity, tolerance of diversity, trust, and safety.

Child survey interviews

Children were asked a series of eight questions adapted from the Onyx and Bullen (1997) Social Capital measure. These questions reflected the following dimensions of social capital:

- participation in community activities
- neighbourhood connections
- family and friends connections
- proactivity in a social context
- feelings of trust and safety
- tolerance of diversity

Consent in writing was obtained from children's parents and informed voluntary consent was obtained from each child prior to being interviewed.

Data Analysis

Data were coded and analysed using *SPSS for Windows*. Frequency statistics were used to identify patterns or trends among the responses. Open-ended responses underwent thematic analysis in order to determine themes.

FINDINGS

Demographic characteristics

The rural and urban communities shared several demographic similarities. In both communities, respondent's mean ages were similar as were the mean number of children per family, levels of maternal employment and higher education. Substantial differences were apparent, however, for type of residence, level and source of income and family characteristics. As table 1 indicates, compared with the urban community, those in the rural community had higher

incomes, were less likely to be in a single parent household and were less likely to receive a pension or benefit. Those in the rural community were also less likely to be of Aboriginal or Torres Straight Islander descent, but slightly more likely to have a disabled family member.

TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

	Rural Community N = 81	Urban Community N = 62
Mean age	38.5 years	37.1 years
Mean number children	2.1	2.1
Living in government housing	0%	25.8%
Mean years lived in area	10.3	7.6
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%
Maternal higher education	16.0%	14.5%
ATSI background	2.5%	16.1%
Disability in family	17.0%	12.9%

Priorities for Hub services

Analysis of survey responses indicated distinct gaps in service provision in both communities but particularly in the rural community. As outlined in Table 2, priorities in relation to service needs differed between the two communities. Not surprisingly, in the rural locality where the nearest medical facilities are half an hour's drive away, needs centred upon health services - particularly visiting a doctor and dentist. Access to education services was also a priority for rural residents with 59% expressing the need for TAFE or university courses to be accessible from the hub. In contrast, urban priorities focused on recreational services. Many parents commented that there was a lack of facilities, such as skateboard parks or structured outside school activities designed to keep children occupied. In the disadvantaged urban community, the need for health services was also expressed, however the services that tended to be highlighted related to counselling for children and adults. The types of education services desired in the urban community also differed. In the urban community it was hoped that the hub would be the venue for parent education courses or drug awareness programs. Child care and outside school hours care were also requested, although more frequently in the rural locality due to the current absence of such services. Those in the rural community were also keen to have access from the hub to Internet and computing facilities, while parents in the urban community expressed a need for a parent support network or group at the hub.

TABLE 2. HUB SERVICE NEEDS

Rural community needs	Urban community needs
<i>Health services – eg visiting doctor/dentist</i> 61%	<i>Recreation activities / sport programs</i> 63%
<i>Education services - TAFE/Uni courses</i> 59%	<i>Health services – eg family counselling</i> 21%
<i>Recreation activities / sport programs</i> 38%	<i>Education services – drugs, parenting</i> 19%
<i>Childhood services - child care/OSHC</i> 29%	<i>Childhood services - child care/OSHC</i> 19%
<i>Technology access – Internet/computers</i> 11%	<i>Parent support network</i> 8%

Perceived benefits of the hub

Respondents provided numerous explanations as to how the hub would be of to benefit to them. As Table 3 illustrates, in both communities, the largest single group of responses focused on work or gaining qualifications. Many felt that the child care facilities, including vacation care and outside school hours care programs that they hoped would be made available from the hub, would enable them to enter or re-enter the workforce, work longer hours than had previously been possible, or study for a qualification. For both communities, socialisation was the second most frequently cited benefit associated with the hub. Several rural respondents explained that, unless you had children who attended the local school, there was no other way of meeting people. In the urban community, mothers were keen to have time out with friends while their children were cared for at the hub. Other frequently cited benefits in the rural community included less travel to services – as they would be provided by the hub, and family support via the health, educational, social and recreational services to be on offer. In the urban community, survey respondents also hoped that the variety of educational and recreational activities that they hoped would be provided from the hub would keep children occupied - and “out of mischief”- and enable “families to do things together”.

TABLE 3. PERCEIVED HUB BENEFITS

Rural community benefits	Urban community benefits
<i>Commence work/study</i> (due to child care availability) 57%	<i>Commence work/study</i> (due to child care availability) 37%
<i>Socialisation –meet/make friends</i> 33%	<i>Socialisation without kids</i> 37%
<i>Less travel to services needed</i> 23%	<i>Programs would keep children occupied</i> 24%
<i>Family support</i> 12%	<i>Opportunity to engage in family activities</i> 7%

Expected hub usage

In relation to expected hub usage, 65% of rural respondents and 66% of urban respondents stated that they would use the hub. Only 8% and 5% in the respective communities said that they would not use the hub.

When asked whether or not the hub would enhance the community, only 7% in the rural locality and 2% in the urban locality said that it would not. Many of those who believed that the hub would enhance the community explained that it would “bring the community together”.

Social Capital findings

Adults

As noted, the survey questionnaires incorporated the 36-item social capital questionnaire designed in Australia by Onyx and Bullen (1997). Responses to these items revealed that the rural community had substantially higher levels of general social capital than the disadvantaged urban community. Table 4 shows that this high level of social capital is largely attributable to high scores on the dimensions 'value of life', 'feelings of trust and safety' and 'participation in the community'. That said, except for 'tolerance of diversity', the rural community (**J**) scored higher than the urban community (**B**) on all dimensions. The table also compares the current findings with those obtained by Onyx and Bullen (1997) in their study of five NSW communities (identified in the table as U/P, D, N, G, WW). These communities are further described as R (rural), U (urban/metropolitan) and I/C (inner city). Examination of scores shows that the rural communities in the Onyx and Bullen study also scored more highly than the urban and inner city communities for general social capital. Furthermore, the dimensions that contributed to the high rural levels of social capital in the Onyx and Bullen (1997) study mirror those of the current study.

TABLE 4. COMPARISON OF SCORES ON THE GENERAL SOCIAL CAPITAL FACTOR AND ON THE DIMENSIONS OF SOCIAL CAPITAL IN NORTH QUEENSLAND (J) AND BRISBANE COMMUNITIES (B) AND FIVE NSW COMMUNITIES (U/P, D, N, G, WW, ONYX & BULLEN, 1997).

Communities	J (R)	B (U)	U/P (I/C)	D (R)	N (U)	G (U)	WW (R)
General Social Capital Score	87.4	75.4	79.7	84.0	82.6	76.7	88.2
Dimensions:							
Participation in community	14.1	12.1	11.7	14.3	12.6	11.0	15.5
Neighbourhood connections	13.9	11.9	11.8	15.0	14.1	13.6	15.2
Family, friends connections	8.1	7.7	9.7	9.4	9.4	9.0	9.1
Value of life	6.3	5.5	5.5	5.8	5.5	5.3	6.2
Tolerance of diversity	6.1	6.1	6.4	5.8	5.4	5.3	4.8
Feelings of trust & safety	16.7	11.0	12.2	13.0	13.0	10.6	16.1
Proactivity in social context	15.1	14.5	15.8	14.3	15.8	14.9	15.0

Children

Table 5 shows the questions that children were asked and the percentage of children from the rural and the urban community who answered yes to each question. As can be seen in the table, there were some interesting differences in responses across the groups.

For instance, more than twice as many urban children compared with rural children indicated that they were members of clubs or groups. This finding undoubtedly reflects the lack of clubs and facilities available in the rural area. Likewise, fewer rural than urban children indicated that they visited friends, relatives or neighbours very often, probably due to the distances involved. A number of children in the rural community, for instance, indicated that they did not have any neighbours, and that friends and relatives lived some distance away. Two unexpected differences in the children's responses related to helping others with homework and enjoyment of being with those who were different from them. Rural children were marginally less likely to

agree that they would help a friend with schoolwork (these children explained that this would be “cheating”) and substantially less likely to agree that they like being with people who were different from them.

Agreement among children from both communities was most pronounced in relation to picking up rubbish in the playground and feeling safe in their area. Nearly all children agreed that they would pick up any rubbish and that they felt safe where they lived.

TABLE 5. CHILD RESPONSES

	Rural N = 42	Urban N = 96
Are you in any clubs or groups?	17%	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 schoolwork would you help out?	86%	99%
Do you like being with people who are different from you (like from another country)?	48%	90%

DISCUSSION

In both communities, most respondents were enthusiastic about the establishment of the hub. Many of those surveyed were confident that because their hub was a community-driven venture, it would be better able to address their locality-specific needs. In each community, desired services reflected current service deficits. In the rural community, the most pressing need was for a range of medical services that would negate the necessity of driving to nearby towns. A venue for social activities was also a priority, particularly for those without school-aged children. In the urban community, needs centred on recreational and social support that would reduce boredom among children and adolescents as well as providing peer group support, especially for sole parents. However, for many, the hub would be more than just a venue for health, care, education or recreation services, it would be the catalyst for bringing the community together. The hub, some commented, would encourage people to take an interest in their community, to collaborate on community issues and to help others in need.

Like the rural communities in the Onyx and Bullen (1997) study, the rural community in the current study possessed high levels of general social capital. According to Stanton (2000), this would indicate a “strong, active and prosperous” community. However, both the rural and urban communities in this study were found to have particularly low levels of family, friend’s and neighbourhood connections. It is possible though, that the diminished social capacity arising from these poor connections will be restored as social networks facilitated by the hub are established.

In relation to the child social capital questions, the majority of children in both communities agreed that they felt safe living in their area. Children in the rural community, however, were less likely to be involved in clubs, visit friends, relatives or neighbours. While most children in both communities agreed that they would help friends with schoolwork if needed, and that they trusted most people, agreement was more pronounced in the urban community. Children in the urban community were also significantly more likely to agree that they liked being with people

who were different from them. It would appear that this reluctance might stem from the lack of exposure of these rural children to people from ethnically diverse backgrounds. It is possible then, that through creating or increasing children's opportunities for socialisation, the hub will help alleviate some of these concerns. It will also provide a much-needed venue for children's clubs or groups.

With existing high levels of community participation, feelings of trust and safety and value of life, it seems probable that the hub will further strengthen the capacity of the rural community. In the urban locality, however, where current levels of social capital are low, the challenge to improving community connectedness will be greater. The key to this will be continued commitment by government to community consultation along with dynamic leadership and collaboration of hub personnel. It is probable that only then, will gains in social capital and responsiveness of services be realised.

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