

Queensland's Family Support Hubs: Collaborating with Parents of Young Children

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Queensland
Hubs Study

ABSTRACT

This poster presents selected preliminary findings from a longitudinal study investigating the use and impact of 6 Child Care and Family Support Hubs* in Queensland. Many hub services and activities relate directly to parenting and child health. Our 3 year cross-sectoral ARC Linkage Project is underpinned by local and international evidence indicating that effective integration of health, care and educational services provides wide-ranging benefits and supports for parents and children. We also propose that the hubs can contribute to child and family social capital and sense of community. To date, with the exception of our work, few studies of social capital and sense of community have directly involved children.

CHILD CARE AND FAMILY SUPPORT HUBS*

Recent initiative of Qld Dept of Communities. Community-driven and unique to each community. Designed to integrate local services and improve health, education, care and safety outcomes for children and families living in disadvantaged or rural communities. Currently 22 hubs throughout Qld. Overarching aim to:

- increase access/knowledge local services
- link child care with child/family education programs, parenting services/workshops, child safety/legal/health services & community activities
- initiate programs/services to meet expressed needs

Hubs have the potential to contribute to:

Social Capital - *social relations and networks based on norms of trust and reciprocity*. Enables families to *get ahead*. Recognised as one of 5 key determinants of social and family functioning.

Sense of Community - *the feeling of belonging to a group*.

STUDY AIMS

- Advance inter-departmental, inter-sectoral research using a coordinated approach to the development of integrated services
- Identify strategies & mechanisms that underpin successful integration of services for families & children
- Generate new data on the development, usage & impact of hubs on individuals and social capital & sense of community

STUDY DESIGN

- 3 Year mixed-method longitudinal
- Hubs – 3 rural, 1 regional, 1 urban, 1 metropolitan
- Views of parents, children (4-8 yrs), local service providers, hub personnel
- Yearly *surveys* on service use, needs, satisfaction, awareness & potential benefits of hubs, social capital (Onyx & Bullen, 2001), sense of community (Chipuer & Pretty, 1999), well being, demographic information. *Interviews* with children on service needs, social capital, sense of community, wellbeing. *Focus groups* with adult stakeholders on major findings of surveys.

SELECTED FINDINGS – FAMILIES (N = 389)

Awareness & use of hub – range of % responding in each community

Aware of hub	47-100% - highest in rural 3
Use hub services <i>e.g child care, referral to other service, obtained information</i>	47-92% - highest in rural 3
Attend hub activities <i>e.g parent workshop, counselling, recreation activities,</i>	7-55% - highest in rural 2

Most needed health services – range of % responding in each community

GPs – more of, better trained, bulk billing	rural 1, rural 3, urban
Maternal & child health	regional
Dentists	metro
Specialists	rural 2

Most needed care and education services per community

Child/family day care, more choice, cheaper	rural 1, 2, 3, metro, urban
OSHC, vacation care, playgroup	rural 1, metro, regional
SEDU, support/ intervention programs	regional
Kindy, prep, more schools, tutors	rural 1, regional

Main benefits of hub

Mother	can return to work (child care), better parenting skills (workshops), time out from children, socialisation (recreation activities)
Child	socialisation, fun, education, promote independence
Community	Can bring community together, meeting place, improved knowledge of services, feeling of support

Social capital dimensions and differences in scores across communities

Dimension	Highest	Lowest
Participation in community	rural 3	metro
Neighbourhood connections	urban	rural 2
Family and friend connections	urban	rural 2
Social proactivity	urban	metro
Feelings of trust & safety	rural 3	metro
Tolerance of diversity	metro	rural 1
Value of life	rural 3	metro

Dimensions were aggregated to form an overall scale of General Social Capital. Found to be significantly lower in metro community compared to rural 3 community.

Sense of community dimensions and differences across communities

Dimension	highest	lowest
Reinforcement of needs	rural 2	metro
Sense of membership	rural 3	metro
Have some influence	rural 3	metro
Emotional connection	rural 3	metro

Dimensions were aggregated to form an overall scale of General Sense of Community. Found to be significantly lower in metro community compared to rural 3 community and regional community

Health and wellbeing

Items on health, control, happiness, enjoyment of life, lack of worry, coping	No sig differences
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Individual items were aggregated to form an overall scale of General Wellbeing. No differences were found across the communities.

Significant positive correlations were found between General Social Capital, General Sense of Community and General Wellbeing aggregate constructs

SELECTED FINDINGS - CHILDREN (N = 388)

Social Capital dimensions & sig differences across communities

Dimension	highest	lowest
Participation in community	metro	rural 1
Neighbourhood connections	metro	regional
Family/friends connections	rural 3	rural 1
Proactivity in a social context	metro, r2	regional
Feelings of trust	reg, r2, r3	metro
Feelings of safety	rural 3	metro
Tolerance of diversity	metro	rural 2

Individual items were aggregated to form an overall scale of General Social Capital. No significant differences found across the communities.

Sense of Community dimensions & sig differences across communities

Dimension	highest	lowest
Reinforcement of needs	rural 1, 3	metro
Sense of membership	rural 3	regional
Have some influence	rural 3	regional
Emotional connection	rural 1	metro

Individual items were aggregated to form an overall General Sense of Community scale. Found to be significantly higher in rural 3 community.

Wellbeing dimensions & sig differences across communities

Dimension	highest	lowest
Healthy	rural 2	regional
Happy	rural 1	rural 2
Lack of worry	rural 1	rural 3

Individual items were aggregated to form an overall scale of General Wellbeing. Found to be significantly higher in rural 1 community.

Significant positive correlations were found between General Social Capital, General Sense of Community and General Wellbeing aggregate constructs

CONCLUSION

Parents who used the hubs reported numerous health, educational and social benefits for themselves and their children as well as an increased sense of connection with the community. Health care service needs differed between the communities. For instance, those in the regional community expressed greatest need for maternal and child health services whereas rural 1 and 3 and the urban community participants requested bulk billing facilities and more, or better skilled, doctors. Awareness and usage of hub services was highest in rural 3 community, as were community participation, feelings of trust and safety, value of life, overall social capital, and 3 dimensions of sense of community. Wellbeing, too, was highest in this community although the difference was not significant. In contrast, social capital and sense of community were lowest in the metropolitan community, despite having significantly higher levels of tolerance of diversity. Significant differences were also found on all dimensions of children's social capital and sense of community. Children in rural 3 community had the highest levels of connection with family and friends and general sense of community, although the happiest and least worried children were from rural 1 community. These children also had the highest emotional connection with their community and the highest rate of general wellbeing. For both adults and children there were significant positive correlations between general social capital, sense of community and wellbeing. Findings reinforced the positive impact of community participation and sense of connectedness to community on health and wellbeing. The relationship between these factors and hubs usage warrants further exploration.

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