



# Local Differences in Views of providers

**A**s part of the Australian Living Standards Study (ALSS) of 5000 families in 12 rural and urban areas of Australia, the Institute conducted a survey of 1100 service providers from the spheres of children's services, community services, education, employment, health, housing, leisure and recreation, safety and security, transport, and youth and amenity services. (See pages 6–7 for a description of the ALSS.)

The survey covered a host of issues associated with living standards and the contribution that service provision makes to family wellbeing. In one of many questions,<sup>1</sup> service providers and families were presented with a list of selected problems that families in their neighbourhoods might face and asked to rate their importance as issues in the local area.

## Do Perceptions Differ Across Regions?

The design of the study allowed us to look at whether families on the urban fringe and in rural areas were disadvantaged in their ability to access services compared with their counterparts elsewhere. Funding

allocation for service provision is often calculated on a per capita basis, although there has been an increased use of needs-based assessment to determine resource allocation. Regardless of the basis of provision, access to services depends on the relationship between demand and provision. An issue from the study, therefore, is whether families and providers in particular regions see the need for services differently.

Figure 1 illustrates how providers and parents rate the importance of problems for families. The four outer urban areas of the study (Berwick, Werribee, Campbelltown and Penrith) are listed first in the Figure, followed by Elizabeth/Munno-Para, which has characteristics of both an outer and a middle area. Box Hill and Ryde are the two middle urban areas in the study, and Melbourne and South Sydney the two inner urban areas. Riverland (actually, Berri, Loxton and Renmark, three of the seven Riverland towns), Roma/Bungil and Tennant Creek are the three rural areas surveyed.

In all of the charts, two peaks tend to stand out as far as providers are concerned, namely Campbelltown and



community. The rural providers saw domestic violence, alcohol addiction and marital problems as relatively important problems.

In the inner urban study areas, providers were often at least as likely as those in the outer urban or rural areas to identify a range of family issues, with marital problems, lack of money for food, domestic violence and drug and alcohol addiction seen as being the most significant from the providers' perspective. For the families living in those inner areas, the major problems were alcohol and drug addiction and a lack of money for food. Parents in South Sydney were highly likely to regard drug and alcohol addiction as a problem.

Parents and providers in the middle urban areas were least likely to attach importance to any of the family problems listed. These two areas came closest to representing a low-problem family life in the context of this question.

### **Do Providers and Parents Share Similar Views?**

For some social policy issues, researchers and policy makers turn to households and families for information that will guide their planning. For other issues, information is sought from service providers. Do these different groups (with their particular experiences of family life from either the professional or the 'lived' viewpoint) see the same things as important? And, if not, how should needs-based policy go about assessing priorities for service delivery?

home and parent-youth conflict. Parents, on the other hand, were more likely than providers to identify drug addiction, alcohol addiction, and lack of money for food as being problems.

Such disparate perceptions raise important research questions. Which group better reflects the situation in terms of the need for service provision? Do providers, because of their day-to-day duties, get a comprehensive or a narrowed view? Are the views of families based on groups they know in the neighbourhood and does random selection of families guarantee a random reflection of such groups?

These questions make it difficult to know whether researchers and policy makers should regard either group (providers or parents) as being more in touch than the other with local community problems, or whether they should take the middle ground when the perceptions of the two groups diverge. The questions require further exploration since they have an impact on how, and from whom, data are to be collected.

Despite the differences in the reporting rates of providers and parents, both groups were in general agreement that there was, or was not, a problem – that is, when more providers identified an issue, so too did more parents. This is a heartening response to the questions posed above in that at least some provision is likely to follow in areas of higher response, regardless of how well it goes towards addressing the size of the need in the area.

Families in the rural areas were more likely than the providers in the same areas to identify as local problems lack of money for food, and alcohol and drug addiction. Rural families in the study were for the most part drawn from several small towns, but so were the providers. So the discrepancy in perceptions may indeed be a function of the differing experiences of providers and parents in the towns.

In Tennant Creek, parents were more likely than providers to perceive all the issues listed as being problems facing families. This was very different from other localities, where families on the whole were far less likely than providers to view the issues as problems. Are there possible explanations?

First, only 30 providers were interviewed in Tennant Creek, and those dealing with the education of children (and who may, therefore, have a broad view of all families) were under-represented compared with other areas studied. Second, some of the Tennant Creek providers were from Alice Springs, a regional service centre for the southern part of the Northern Territory, and may not have known the local area as well as the families living there. Another possible explanation is that, often, the families in Tennant Creek held strong views about the community which they did not fail to express, whereas the providers, whose job it is to work towards harmonious service provision, may have reported the issues differently. However, the vast majority of providers interviewed in Tennant Creek were also residents (and may even have been interviewed in the household component of the study), so explaining the variation remains elusive.

# Problems for Families and parents

**CHRISTINE KILMARTIN** looks at whether views about problems facing families differ across different regions, whether the views of service providers are shared by families, and how both providers and parents rank isolation as a problem for families.

Elizabeth/Munno-Para. They are both 'outer' urban areas, which would support a view that the outer regions are more disadvantaged. The responses of providers in the other outer areas of the study, though, were more likely to vary according to the issue, sometimes being lower than those for the inner or rural areas. From the point of view of providers, therefore, problems for families were not concentrated in the outer urban study areas, although providers in those areas were more likely to identify marital problems and parent-youth conflict as problems for their areas.

The families in the rural areas, on the other hand, were more likely than families in the outer urban areas to say that marital problems, lack of money for food, alcohol addiction and domestic violence existed within the

From the responses of providers and parents in Figure 1, it is clear that, overall, providers were more likely than parents to report problems. There are at least two possible explanations. One is that providers, being more likely than individual parents to see a wide range of families, are thus more likely to be aware of family problems (remembering that the providers in this study were the professional staff of schools, community health centres, child care centres, medical practices, amenity services and the like, as well as of community support services). The other possible explanation is that, in dealing with families in such contexts, providers get an exaggerated view of the prevalence of problems.

Across all the areas, problems more likely to be identified by providers than by parents included marital problems, sexual abuse at

**Do Fathers and Mothers Share Similar Views?**

Although fathers and mothers filled in separate questionnaires, Figure 1 shows that their answers bear a striking similarity (in contrast to the ‘his view/her view’ that has been reported on some marital and family issues). The forming of common views between parents may arise through talking with one another, particularly about issues affecting their children. And since this was a question about families in their neighbourhood rather than about their own family, it may also come through sources to which they both have access, such as reading local papers and talking with local people.

Overall, a few more mothers than fathers perceived lack of money for food, marital problems, isolation, domestic violence and sexual abuse at home as problems facing families. And in an area like Elizabeth/Munno-Para, women were almost always more likely than men to say that families were having problems.

Nevertheless, the differences between parents were small compared with their shared views, and may reflect that the wellbeing of family, at least in its more general sense, is truly seen as the business of both parents.

**Does Isolation Mean More than Distance?**

One of the premises abroad at the time of the design of the study was that families living on the fringes of the cities might experience some greater isolation than families living in other urban areas. Some differing premises existed in relation to rural families: either, that

they may feel isolated because of distance, or they may have a sense of belonging to a much more friendly community. These premises link isolation quite closely with a sense of distance.

In the ALSS questions about family issues, parents were asked one question on how much of a problem isolation was. Figure 2 shows how fathers and mothers responded. Again, the similarity of view between fathers and mothers is evident.

Parents in the rural areas were most likely to identify isolation as an issue, but parents in the inner urban areas were more likely than those in the outer suburbs to say that isolation affected families in their areas. So, from the parents’ point of view, isolation may have been a mix of distance and other factors.

Providers, on the other hand, were asked to respond to a series of separate factors which might cause isolation: poverty, language barriers, cultural barriers, being new to the area, distance, or staying home with children. Their responses are reflected in Figure 3, in roughly their perceived order of overall importance.

Overall, providers saw ‘poverty’ as the most likely cause of isolation, with ‘cultural’ and ‘language’ barriers being next important. ‘Staying home with children’ and ‘being new to the area’ were seen as more important than ‘distance’ as causes of isolation. And ‘distance’ as a factor was not necessarily associated with living in an outer urban or rural area.

*Provider answers sometimes reflect local demographics*

The likelihood that service providers would identify particular forms of isolation in their

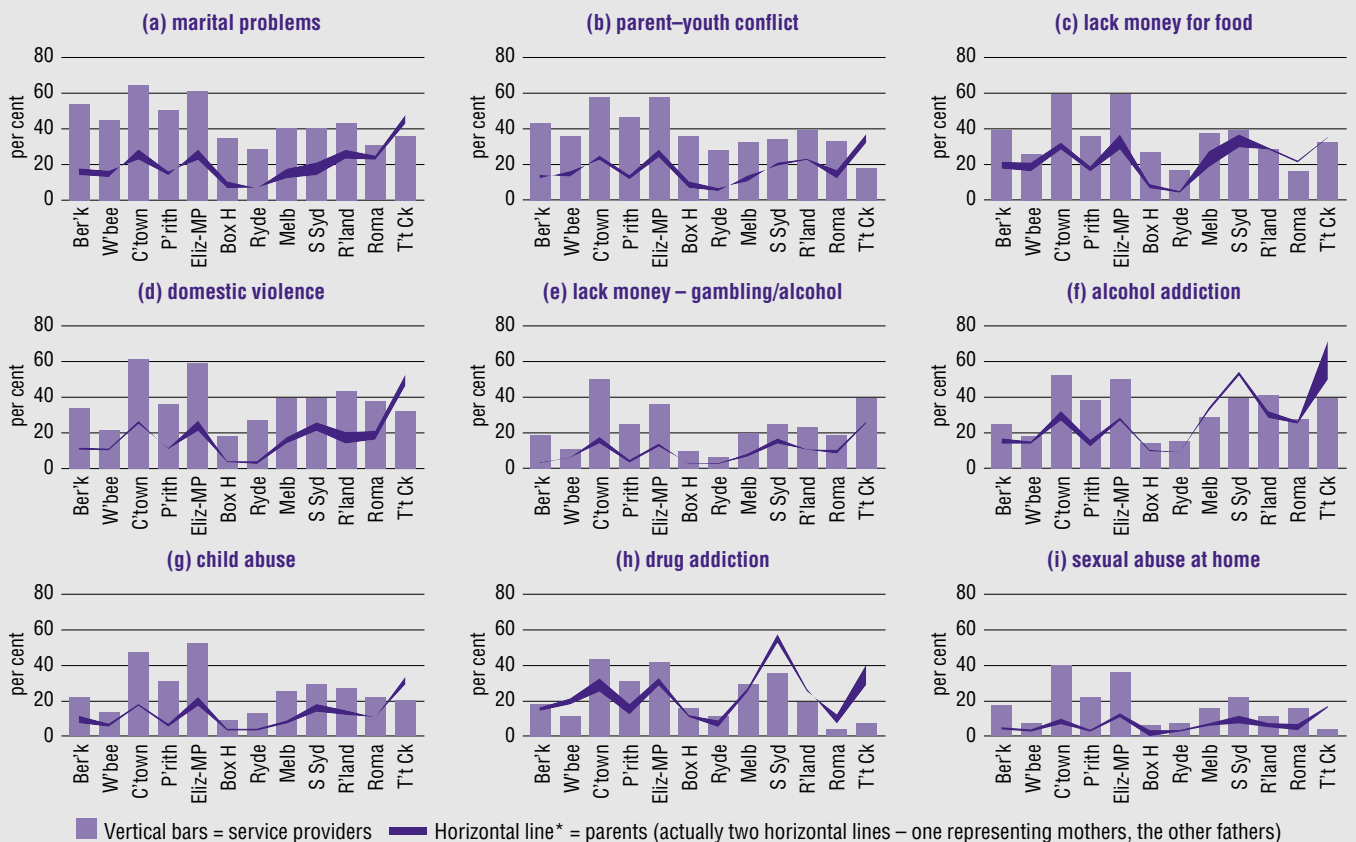
areas was closely related to the local demographics. For instance, there was a reasonable similarity between the peaks in the response of providers to the item ‘isolation because of poverty’ and the general pattern of distribution of low income families, both two-parent and one-parent, which emerges from census data.

In the same vein, ‘cultural’ factors were identified as important by providers in the inner and middle urban areas, and one or two outer urban and rural areas, where the degree of cultural mix was higher.

Similarly, isolation because of ‘language’ was relatively unimportant in places like Elizabeth/Munno Para and Roma (where no providers said it was a problem) because these areas are mainly English-speaking; in fact, in Roma, there are almost no people who speak another language on a regular basis. But language was one of the more important sources of isolation in those low-problem middle areas, as these have begun to attract a new generation of migrants from non-English-speaking backgrounds. Language was also seen as a major reason for isolation in inner Melbourne (where new arrivals to Australia often settle), and to a lesser extent in inner Sydney.

This general parallel flow of answers and local demographics may be because the providers know the local picture from experience; on the other hand, they may have been taking a guess because of their knowledge of local demographics based on data. It is not possible to compare their answers with those of parents since parents were not given the additional set of sub-questions. Nevertheless, the match between local

**Figure 1. How service providers and parents see selected family problems in their areas: % saying this was a problem, ALSS areas**



\* The divergence between responses of fathers and mothers is illustrated by the thickness of the horizontal line in each of the charts in this Figure. The thickest section reflects the greatest difference in response between mothers and fathers, but it is not always the one parent which has the higher or lower response rate, and the lines often cross between the two. Source: Australian Living Standards Study (ALSS) 1991-92, Australian Institute of Family Studies, Melbourne.

demographics and provider answers is not perfect, and their responses to the items 'because of being at home with children, and 'because of being new to the area' do not fit well with census data measuring non-working parents and the percentage of people moving into the area.

**Staying at home with children not the most important cause of isolation**

Including the item 'staying at home with children' allowed a comparison, as far as provider views were concerned, with the other factors which may also give rise to isolation. This is an issue which some researchers have identified as important for families living in the suburbs. Although providers saw this issue as important, it was never the top issue (except in one area), and in each locality providers identified other causes of isolation as more important.

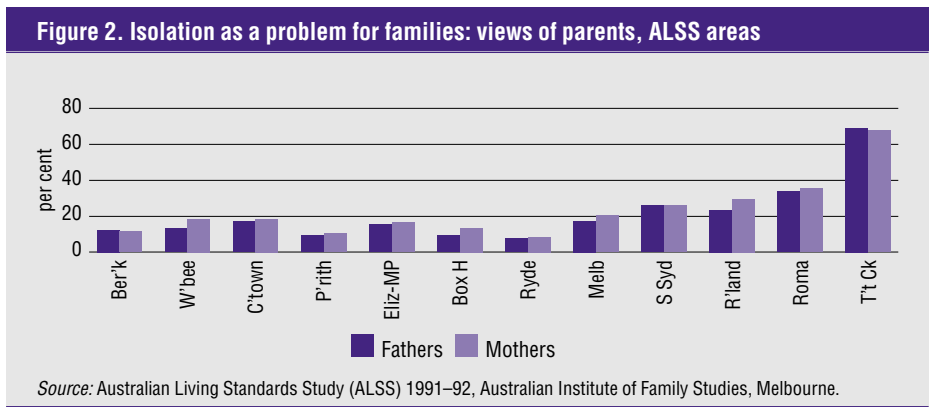
**Distance not always associated with isolation**

Providers in the inner urban areas were at least as likely as those in the outer suburbs (except Campbelltown) to say that isolation *in some form* was a problem. Providers in the middle urban areas were more likely to recognise isolation as a general issue for families than some of their rural and remote counterparts. Nevertheless, where providers identified distance as an issue, they were more likely to be those working in the outer or rural areas.

Service providers in Tennant Creek were less likely to see isolation as a problem either than the families there or than their counterparts in other areas, but they identified isolation because of 'cultural barriers' and 'distance' as the two most important elements. Nevertheless, more providers in the Riverland, Roma and Elizabeth/Munno-Para than in the more remote Tennant Creek identified 'distance' as an isolating factor.

**Isolation seen as an important issue generally**

Isolation was rated by all groups as one of the more important of the list of problems facing families – for fathers and mothers isolation



was more important than parent–youth conflict, domestic violence, child abuse or sexual abuse at home. From a list of 15 problems, providers ranked 'isolation because of poverty' as the fifth most important, 'isolation because of cultural and language barriers' in the middle of the list, and 'isolation because of distance' as fourteenth.

**Conclusion**

In summary, the middle urban areas had a lower problem profile than other geographic areas in the study, as far as providers and parents were concerned, and the two outer urban areas of Campbelltown and Elizabeth/Munno-Para featured among the top areas in many of the issues mentioned.

However, there was no overwhelmingly consistent pattern relating to differences between remaining outer, inner and rural/remote areas, suggesting that, although isolation and deprivation do exist on the fringes of urban areas, the degree of difference is not as large as may be imagined. Indeed, for some issues, the inner urban study areas were experiencing a greater intensity of problems in the eyes of providers and parents than were some of the outer areas such as Berwick and Werribee.

In a needs-based allocation of resources, the funding of services for marital problems might therefore need a slightly different geographic formula from the allocation for child abuse, if the responses of providers are

anything to go by. Those differences may not be major, but they do ensure that we cannot assume that outer areas are significantly more disadvantaged than other urban areas in all issues. They also indicate that problems can vary across the rural sector, sometimes mirroring urban trends but at other times not.

In some ways, this comparison between the views of providers and parents is not helpful to policy makers, for it suggests that parents see some things as more of an issue than providers do, and some less. Yet, often, providers are easier (and cheaper) to reach than parents; they have been trained to observe in particular ways and could be expected as a condition of their employment to provide some form of feedback or evaluation of policy initiatives. We should be aware of the likelihood that discrepancies exist, and, where possible, supplement information from one source (parents or providers) with that from the other.

**Note**

<sup>1</sup> The question asked of parents had the same items as that asked of providers, but the introductory wording differed slightly to reflect the two different groups.

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