Australian Government

Australian Institute of Health and Welfare

Better information and statistics
for better health and wellbeing

Family social network

Development of a Children's Headline Indicator

Information paper

December 2010

Suggested citation

Australian Institute of Health and Welfare

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> **Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.**

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Acknowledgments

Abbreviations

ABS	Australian Bureau of Statistics
AESOC	Australian Education Systems Officials Committee
AHMC	Australian Health Ministers' Conference
AIHW	Australian Institute of Health and Welfare
ARACY	Australian Research Alliance for Children and Youth
CDSMC	Community and Disability Services Ministers' Conference
COAG	Council of Australian Governments
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
FCS	Family Characteristic Survey
FCTS	Family Characteristic and Transitions Survey
GSS	General Social Survey
HILDA	Household, Income and Labour Dynamics in Australia
LSAC	Longitudinal Study of Australian Children
LSIC	Longitudinal Study of Indigenous Children
MCEETYA	Ministerial Council on Education, Employment and Training and Youth Affairs
NATSISS	National Aboriginal and Torres Strait Islander Social Survey

Summary

The Children's Headline Indicators are a set of measures designed to focus policy attention and to help guide and evaluate policy development on key issues for children's health, development and wellbeing in 19 priority areas. The Children's Headline Indicators were endorsed by health, community and disability services ministers and education systems officials in 2006. Children's Headline Indicators were defined for 16 of the 19 priority areas. For the remaining 3—*family social network*, *social and emotional wellbeing* and *shelter*—more work was needed to conceptualise and identify the most important aspects of these areas for children's health, development and wellbeing.

This information paper outlines the process of developing a Headline Indicator for the *family social network* priority area.

Identifying and defining a Headline Indicator

The process of developing a Headline Indicator for *family social network* involved:
- conceptualising the area of *family social network*; that is, defining the scope, theoretical basis, and main elements of the area
- reviewing the literature associated with *family social network* and children's wellbeing
- identifying possible indicators through a review of indicator frameworks and reports
- consultation with key experts and stakeholders.

Through this process, it was agreed that the Headline Indicator for *family social network* should focus on the quality of *family relationships and interactions with wider social environments,* with a recommendation that a new priority area be considered to capture *relationships and interactions within the family*.

There was agreement that being able to get help or support when needed was a strong indicator of quality family relationships with others outside the immediate family. It is therefore recommended that the Children's Headline Indicator for *family social network* be broadly defined as ***the proportion of children aged 0–12 years whose parent or guardian was usually able to get help when needed***.

A number of conceptual issues were found that required further consideration in order to report on this indicator, such as the frequency or amount of help, and which sources of help should be captured. To clarify these issues, a more technical definition of the indicator is proposed as ***the proportion of children aged 0–12 years with at least one residential parent or guardian who was usually able to get help from formal and/or informal social networks (from sources outside the household) when needed.***

Next steps

There is currently no national data source suitable for reporting on the recommended Headline Indicator for *family social network*. Further work is therefore needed to find the most appropriate data collection methodology and vehicle for this Headline Indicator. A large-scale national survey that uses children as the counting unit, and allows disaggregation by state and territory for subpopulations of children (for example, Aboriginal and Torres Strait Islander children), is considered preferable.

1   Introduction

In 2005, the Australian Health Ministers' Conference (AHMC) and the Community and Disability Services Ministers' Conference (CDSMC) approved a project to develop a set of national, jurisdictionally agreed, Children's Headline Indicators to help with policy and planning by measuring progress on a set of indicators that are potentially amenable to change over time by prevention or early intervention.

In 2006, the project report, *Headline Indicators for children's health, development and wellbeing* (DHS Vic 2008) mapped out 19 priority areas for children's health, development and wellbeing. These priority areas were endorsed by AHMC, the CDSMC and the then Australian Education Systems Officials Committee (AESOC) of the then Ministerial Council on Education, Employment and Training and Youth Affairs (MCEETYA).

Headline Indicators were initially defined for 16 of the 19 priority areas (see Appendix 1). Data for 10 of the priority areas with defined Headline Indicators and available data were published for the first time in the Australian Institute of Health and Welfare (AIHW) report, *A picture of Australia's children 2009* (AIHW 2009). Six priority areas with defined Headline Indicators could not be reported on initially, due to a lack of available data, and for three priority areas—*family social network*, *shelter* and *social and emotional wellbeing*—further work was required to conceptualise and define Headline Indicators.

In 2009, the AIHW received funding from the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to progress indicator development in these three remaining priority areas.

The AIHW's role involved:

- establishing an expert working group to provide strategic advice and input into the development of these indicators
- conceptualising each of the priority areas: *family social network*, *shelter* and *social and emotional wellbeing*[1]; that is, defining the scope, theoretical basis, and main conceptual elements of these areas
- reviewing the literature for each area to determine the relationship with children's health, development and wellbeing
- proposing indicators for each area
- undertaking a data mapping exercise and identifying data gaps in each area
- organising workshops to consider proposed indicators for *family social network*, *shelter* and *social and emotional wellbeing*
- producing information papers describing the development process and containing recommendations for reporting on indicators for *family social network*, *shelter* and *social and emotional wellbeing*.

This information paper outlines the process of identifying and defining a Headline Indicator for *family social network*:

- **Chapter 2** outlines the definition of *family social network* used in this paper, and the conceptual approach taken to developing an indicator in this area.

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[1] Conceptualisation of the *social and emotional wellbeing* priority area built on a report by Hamilton and Redmond (2010) commissioned by the AIHW and the Australian Research Alliance for Children and Youth (ARACY).

- **Chapter 3** presents a review of the evidence of associations between *family social network* and children's health, development and wellbeing.
- **Chapter 4** describes policy initiatives relevant to *family social network* that aim to improve children's health, development and wellbeing.
- **Chapter 5** provides information about the potential indicators that were identified and considered, and how the selected indicator was chosen.
- **Chapter 6** discusses the currently available data that are relevant to the selected indicator, the questions and methods used to collect these data, and other potential data sources.

1.1 Process of identifying a Headline Indicator

The objective of the Children's Headline Indicators project is to form a core set of high-level statistics for reporting on progress in children's health, development and wellbeing (DHS Vic 2008). Only one Headline Indicator is selected to reflect each policy priority area. *Family social network* is a broad and multidimensional priority area, as there are a number of distinct elements of families' social networks that are associated with children's wellbeing. It is therefore challenging to identify a single Headline Indicator that represents the most important aspect of *family social network* for children's health, development and wellbeing.

A number of steps were taken to identify a suitable Headline Indicator, these included:
- reviewing the literature to establish a definition and conceptual basis for *family social network* and associations between family social network and children's wellbeing
- reviewing relevant national and international frameworks and indicator reports to identify potential indicators
- consulting with experts, supported by a discussion paper
- developing this information paper containing recommendations for a *family social network* Headline Indicator.

More detail about each of these steps is provided below.

Literature review

A review of the literature was conducted to identify the aspects of *family social network* that were most strongly associated with children's wellbeing. The literature review identified research that showed evidence of associations between children's wellbeing and a range of concepts that might be relevant to *family social network*, such as social capital, social support, social participation, social attachment, social inclusion and exclusion, social deprivation and social cohesion. These concepts are discussed in greater detail in Chapter 2.

Research has focused on various aspects of *family social network*, but a common theme to emerge from the literature was that the quality of families' interactions within social networks was more important to children's wellbeing than other aspects of families' social networks (Chapter 3).

Review of relevant indicator frameworks and reports

A number of relevant national and international indicator frameworks and reports were reviewed, in order to identify indicators that had been developed and reported in the area of *family social network* (see Appendix 4 for a list of these indicator frameworks and reports). A

small number of relevant indicators recurred in different reports. These indicators related to frequency of interactions with informal social networks (for example, contact with family and friends); being able to get formal or informal support (for example, access to service providers or being able to get help when needed or ask for small favours); and social participation (for example, participation in social activities and active participation with groups).

This review of relevant indicator frameworks and reports, and previous work on the conceptualisation and definition of *family social network,* was then combined in a discussion paper.

Consultation with experts

Headline Indicator Data Development Expert Working Group

The AIHW established a Headline Indicator Data Development Expert Working Group to provide strategic advice and input into the development of Headline Indicators for *family social network*, *social and emotional wellbeing* and *shelter*. The expert working group included experts in child health, development and wellbeing, subject matter experts in each of the three priority areas, data experts and representatives from relevant government departments (see Appendix 2 for a list of members).

The AIHW presented a background paper on the three priority areas at the first expert working group meeting in October 2009. The background paper raised issues related to the conceptualisation and definition of *family social network*, presented a summary of the research evidence, and identified a range of potential indicators and data sources.

Discussion paper

The AIHW prepared a discussion paper to help with the process of identifying a Headline Indicator for *family social network*. The discussion paper defined the scope and conceptual basis for the area of *family social network* and reviewed the research evidence for associations between aspects of *family social network* and children's health, development and wellbeing. Based on this conceptual approach, and supported by the research evidence cited in the discussion paper, two broad aspects of family social network were identified as being strongly associated with children's wellbeing: relationships and interactions within the family and family relationships and interactions with wider social environments. The discussion paper also reviewed relevant national and international indicator frameworks and reports to find established indicators used to measure aspects of *family social network*.

This information was used to identify a number of potential indicators for *family social network,* as well as data issues associated with specific indicators. The discussion paper concluded with a description of some current government policy initiatives, illustrating the importance governments are attaching to improving children's wellbeing and supporting early childhood development by providing families with better services and support. These policy initiatives recognise the continuing importance of the *family social network* priority area.

Workshop

The AIHW conducted a workshop in December 2009 to consider the options for a *family social network* Headline Indicator. The main purpose of the workshop was to obtain agreement on a Headline Indicator for this priority area. The workshop participants were

experts working in the field of children's wellbeing from relevant government departments, research organisations and academic institutions (see Appendix 3 for a list of workshop participants).

The discussion paper formed the basis of conversation at the workshop. Participants were asked if there were any major gaps in the paper, such as important research evidence or other indicators. They were also asked to consider the most salient aspect of *family social network* for children's health, development and wellbeing and if any of the proposed indicators might be a suitable Headline Indicator for this area.

Workshop participants recognised the difficulty of identifying a single indicator to cover the area of *family social network*. It was agreed that the priority area of *family social network* should focus on social relationships and interactions between the family and wider social environments. The importance of relationships and interactions within the family was acknowledged, and it was suggested that a new Headline Indicator priority area should be considered in this area in the future.

Bringing it all together

This information paper defines the scope and conceptual basis used in the development of a Headline Indicator for *family social network*, reviews the research evidence for associations between aspects of *family social network* and children's health, development and wellbeing, and presents the rationale for the recommended *family social network* Headline Indicator. It also compares the available data relevant to the selected indicator and provides information about current and potential data sources.

This information paper builds on the AIHW discussion paper and the outcomes from consultation with experts, through the expert working group and the workshop.

2   Definition and conceptualisation

This chapter describes the definitional and conceptual approaches to *family social network* that helped develop a Headline Indicator for this priority area. The report, *Headline Indicators for children's health, development and wellbeing* (DHS Vic 2008), provides background to the Headline Indicator project and the development of the priority areas, and is a useful starting point for understanding what is meant by *family social network*. The rationale for including *family social network* as a priority area of children's wellbeing used a range of terms that refer, in different ways, to the quality of relationships and interactions within social networks.

The definition and conceptual approach to *family social network* established in this chapter is therefore based on the importance of the quality of family relationships and interactions to children's health, development and wellbeing.

2.1 *Family social network* defined

A social network is defined as 'a set of people or groups of people, with some pattern of interactions or ties between them' (Scott 2000).

A family is a social network in its own right. Families and family members also belong to wider social networks, interacting with other people, groups of people, and social institutions. The term *family social network* could refer to interactions that occur within families as well as interactions between families and other people or groups of people in society. To understand the relevance of *family social network* to children's health, development and wellbeing requires an understanding of the social environments in which children and families live and the nature and quality of their relationships and interactions within those environments.

Another important consideration is what does the term 'family' mean in this context. A family can be defined in different ways. Common notions of a family include: people who are related through blood or marriage; a large extended network of relatives; or a small number of people residing in the same dwelling, commonly comprising parents and their dependent children. Another common theme is the expectation that a family looks after its members, with some core functions of a family being: the exchange of love, affection and companionship; day-to-day nurture and care; economic security; a sense of identity and belonging; and guidance on commonly held social values (ABS 2001).

For the purpose of developing a Children's Headline Indicator for the *family social network* priority area, it was agreed that the best concept of family to use was the group of family members usually living in the same dwelling as the child. This is generally the immediate family environment in which children are raised and the relationships children have with others in this group—for example, parent-child relationships—have very strong associations with children's health, development and wellbeing. It is useful to distinguish this core family group from the wider extended family so that the different elements of *family social network* can be identified. A definition of family based on family members living together in the same dwelling also forms the basis of most data collections about families.

In summary, the term *family social network* may be interpreted broadly to cover both:

- the child's immediate family and relationships and interactions within the immediate family

- family relationships and interactions with wider social environments, that is, the people, groups or institutions connected to a child's immediate family by interactions that may or may not involve the child directly.

2.2   Relevant concepts

The term *family social network* is broad and multidimensional, and is not widely used in policy or research. Under the broad heading of *family social network*, the project report *Headline Indicators for children's health, development and wellbeing* (DHS Vic 2008) uses a number of different terms to explain the rationale for selecting *family social network* as a priority area for children. These terms include access to social support, social cohesion, social capital and contact with family and friends, and offer slightly different perspectives on *family social network*. More recently, a number of other related terms have emerged in the literature and in government policy agendas. For example, social inclusion is currently the focus of much policy activity.

It is useful to consider how these various terms, reflecting different aspects of social relationships and social participation, are related, what they have in common, and how they help illustrate the meaning of *family social network*. The definitions of some commonly used terms are provided below.

Social attachment: the nature and strength of relationships that people have with each other. It includes the more intimate relationships with family and friends as well as people's associations with individuals and organisations in the wider community (ABS 2004).

Social capital: the resources available within groups and communities that are accumulated when people interact in networks of mutual support, reciprocity, and trust, that is, 'networks, together with shared norms, values and understandings which facilitate cooperation within and among groups' (ABS 2004).

Social cohesion: discussions of social cohesion emphasise participation and inclusion (overcoming social exclusion), and shared values, commitments and relationships between individuals and between groups (ABS 2004).

Social disadvantage: involves restricted access to resources, lack of participation and blocked opportunities (Saunders et al. 2007).

Social exclusion: exists when people do not have the opportunity to participate in key activities in society (Saunders et al. 2007).

Social inclusion: closely related to social participation (see definition below), but also has a more active meaning. It 'implies that formal structures, institutions and informal relationships work to remove barriers to participation that might be experienced by some individuals or populations' (ABS 2004). Being socially included means having the resources (skills and assets, including good health), opportunities and capabilities to participate in education and training; participate in employment, unpaid or voluntary work including family and carer responsibilities; connect with people, use local services and participate in local, cultural, civic and recreational activities; and influence decisions that affect them (Australian Government 2009).

Social participation: understood broadly, means that people are engaging effectively in all the domains of living appropriate to their stage of life (ABS 2004).

Social support: Zubrick et al. identify three main domains of social support concepts:

- the individual's attachments to significant others as measured by their social ties, participation in organisations, contact with friends and family, and/or the complexity of their social network
- the individual's perception of the availability and adequacy of support, that is, whether the individual perceives that they are able to get sufficient help when they need it
- the response of others in providing emotional support, information, tangible care or material assistance (Zubrick et al. 2008).

All of these concepts share a common theme: how the quality of social relationships and interactions between individuals, groups and social institutions supports the wellbeing of individuals, groups, and society as a whole. This approach is supported by Bronfenbrenner's ecological model that delineates and describes children's social environments and the relationships and interactions within them.

2.3 An ecological approach

The project report *Headline indicators for children's health, development and wellbeing* (DHS Vic 2008) states that one of the principles on which the set of priority areas is based is that each priority area should 'recognise issues at the individual, family and community level, and hence be based on an ecological approach'. This chapter has shown that *family social network* refers to families' social relationships and interactions. An ecological approach is therefore particularly relevant to *family social network* and its association with children's wellbeing.

Bronfenbrenner's (1979, 1995) ecological theory first articulated the importance of interrelationships within and across the social environments or systems surrounding a child (Figure 2.1). According to this model, children develop through interactions with their immediate environments and the relationships between their immediate environments and larger social environments (Wise 2003).

The ecological model typically depicts a child's development occurring within concentric circles of influence, with the innermost circles representing the most immediate influences and wider circles representing broader social influences. Even though children might not interact with these wider social environments directly, their wellbeing can be affected indirectly by wider social environments that influence immediate social environments such as the family. The ecological model therefore provides a basis for understanding how families' social relationships and interactions, or *family social network*, might affect children's wellbeing.

Bronfenbrenner originally identified four main elements of the ecological model, comprising:
- settings in which children actively participate through personal, face-to-face interactions such as immediate family, child care and educational settings, peers, the family doctor, and neighbours (such a setting is described as a 'microsystem')
- interrelationships between children's immediate settings (two or more microsystems), for example, the interaction between home and school, and the extent to which these settings have similar styles, expectations or values ('mesosystem')
- settings in which the child does not actively participate but that may influence the child indirectly such as the parental workplace ('exosystem')
- broader social contexts ('macrosystem') such as the culture, political systems and social values (Wise 2003).

Bronfenbrenner later added a fifth element to the ecological model, the dimension of time as it relates to a child's environments ('chronosystem'). This encompasses changes such as

parental divorce or changes in the broader social environment, as well as changes in how children interact with their environments as they grow older (Paquette & Ryan 2001).

Source: Dunlop 2002.

Figure 2.1: An example of Bronfenbrenner's ecological model
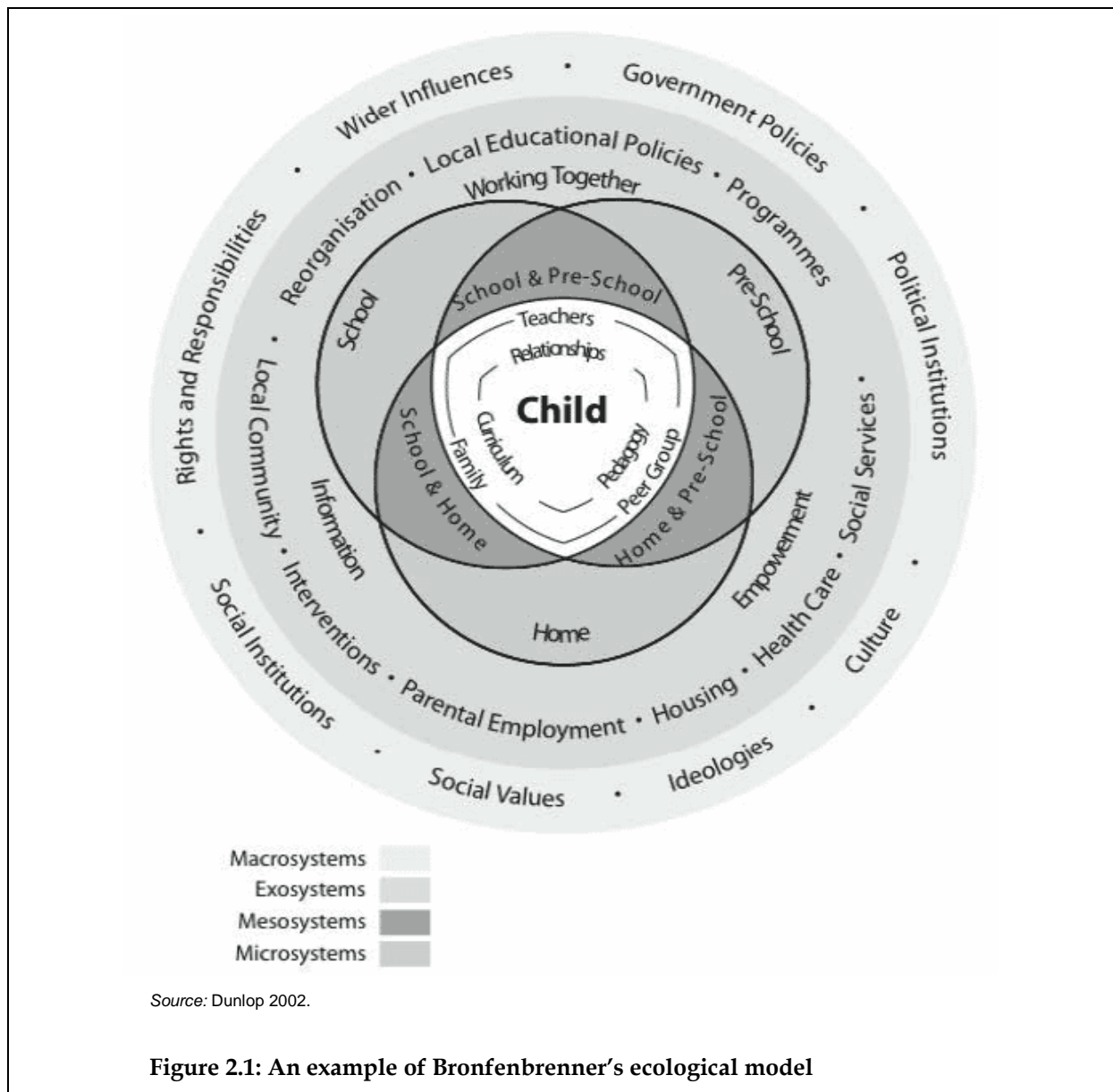
An ecological perspective on families' social relationships and children's wellbeing

The ecological model (Figure 2.1) identifies some immediate environments as being particularly important to children's outcomes and illustrates how the child's immediate social environments are nested within wider social environments. Some of these environments and their associations with children's wellbeing are briefly described below.

Relationships and interactions within the family

Families play a fundamental role in caring for and nurturing their children and supporting their health, development and wellbeing in many ways. Garbarino (1992) stated that 'the

single most important microenvironment for most children is their immediate families …'. Young children in particular are highly dependent on their parents to provide for their needs, with the quality of parenting being recognised as being one of the strongest predictors of children's wellbeing (Mooney et al. 2009). Research indicates that better family relationships and interactions with wider social environments can affect relationships and interactions within the immediate family, supporting better parenting. For example, a lack of adequate support networks, such as informal networks of family and friends and formal services such as child care, can affect parents' mood and parenting behaviours, in turn directly affecting children's immediate environment and their wellbeing. Good social support has been shown to support quality parenting and good family functioning even when families are faced with socioeconomic stressors (Wise 2003).

Child and family interactions with formal care and education

Parents' involvement with their children's formal care and early education settings such as preschool and school is also identified in the research as being important to children's development and wellbeing (see, for example, Ferguson 2006). At the same time, children interact directly in both the family and school environment, and the alignment of expectations and values across these two environments (the mesosystem in Bronfenbrenner's ecological model) is also important to their wellbeing (Weiss et al. 2006).

Children's direct participation in formal care and education settings, particularly in preschool programs, is a strong focus of current government policy. Five existing Headline Indicator priority areas cover this important aspect of children's development:

- Attending early childhood education programs
- Transition to primary school
- Attendance at primary school
- Literacy
- Numeracy.

The area of parental involvement with children's formal care and education is an area that is not directly reflected in the Headline Indicators. But given the complexity of interactions, the existing Headline Indicator priority areas listed above may capture aspects of families' engagement with their children's education, particularly the Transition to primary school priority area.

Interactions between children and their peers

Various studies have indicated the increasing importance of peer relationships as children enter adolescence, and the important intermediary role of the family environment and effective parenting skills to support children in their relationships with peers (Brown et al. 1993; Cassidy et al. 1992; Martin & Huebner 2007). There is also research pointing to the importance of younger children developing good peer relationships, with a focus on the development of prosocial behaviour (Walker 2004). These concepts are important elements for the *social and emotional wellbeing* Headline Indicator priority area.

Family relationships and interactions with wider social environments

Families interact with wider social environments in many ways to support the health, development and wellbeing of their children. Families support their children's development through their ability to obtain resources such as employment and income (through

interactions with the labour market), health care, education and other formal and informal social support.

Several existing Headline Indicator priority areas reflect specific aspects of family influence and the family's social interactions. For example, *family economic situation* largely reflects parents' interactions with the labour market while *immunisation* and to some extent *dental health* reflect family interactions with health services. *Family social network* is the only priority area that aims to capture the importance of families' interactions with others outside the immediate family more generally.

2.4 Summary

This chapter has presented the definition and conceptualisation of *family social network* that was used as the basis for indicator development. In terms of definition, the key element of *family social network* is family relationships and interactions within social networks. Basing the conceptual approach on an ecological model provides a richer understanding of *family social network* by mapping out the different social environments surrounding children and linking children's development and wellbeing to their interactions within these social environments. This conceptual approach is supported by a wealth of research evidence illustrating the importance of family relationships and interactions with wider social environments to children's health, development and wellbeing. This evidence is discussed in Chapter 3.

3 Family social network and children's wellbeing

In the project report *Headline Indicators for children's health, development and wellbeing* (DHS Vic 2008), the following rationale is given for including *family social network* as a priority area:

> Trust, social networks, and norms of reciprocity within a child's family, school, peer group, and larger community have far-reaching effects on their opportunities and choices, behaviour and development (DHS Vic 2008).

This rationale points to the importance of social relationships and interactions, both within and beyond a child's family, to children's health, development and wellbeing.

The previous chapter provided a definition and described the conceptual approach to *family social network*. It was agreed that the conceptual basis of a Children's Headline Indicator for *family social network* should be the quality of family relationships and interactions with wider social environments.

This chapter reviews the evidence for links between the quality of family relationships and interactions with wider social environments and children's health, development and wellbeing. One particular element of the quality of family relationships and interactions with wider social environments that recurs frequently throughout the literature is family or parental access to social support, or the ability to draw on formal or informal social networks to get help when needed.

3.1 Research evidence

Social inclusion policy agendas place great importance on the potential for improving people's wellbeing by supporting individuals and families to participate in society. Social networks are seen as important because they provide social support, social influence, opportunities for social engagement and meaningful social roles, and can help individuals and families access resources such as employment and informal help (Australian Social Inclusion Board indicators working group 2009). The support and resources accessed through these social networks are essential for children's wellbeing and development (Bowes & Hayes 1999; Vinson 2007).

The social capital literature provides much evidence associating better outcomes for children with higher quality family relationships and interactions with wider social environments. The term social capital generally refers to the potential for support, cooperation and mutual benefit within networks of relationships characterised by shared norms, values and understandings such as trust and reciprocity. Social capital is defined elsewhere as the network of social ties that helps to sustain families, the accumulated set of social supports that people use to gain access to resources that could not be obtained independently (Cheal 2002). In other words, the concept of social capital focuses on quality social relationships and mutually beneficial social interactions. This understanding of the term is reiterated by a number of sources cited by Stone (2001), who states that '(s)ocial capital consists of networks of social relations which are characterised by norms of trust and reciprocity… combined, it is these elements which…enable people to act for mutual benefit (Lochner et al. 1999; Winter 2000); it is "the quality of social relationships between individuals that affect their capacity to address and resolve problems they face in common" (Stewart-Weeks & Richardson 1998:2)'.

The concept of social capital therefore aligns very closely with the concept of *family social network* as defined and used throughout this information paper. Other social capital literature uses the term community social capital to refer to families' relationships and interactions with the wider community, including other individuals and institutions such as schools, again aligning closely with the concept of *family social network* used in this information paper (Ferguson 2006).

The social support that parents can access through social institutions and through participating in formal and informal networks is strongly indicative of quality social relationships and interactions of mutual benefit and cooperation. Parental access to social support is strongly associated with children's healthy development and positive future outcomes. For example, parents' increased relationships with schools and other parents decreased the likelihood that their children dropped out of school, joined gangs, or committed delinquent acts. Strong help networks for parents were related to better outcomes for youth in finishing school and gaining employment and high levels of social support for mothers were associated with positive behavioural outcomes for at-risk preschool children and lower levels of depression in at-risk teens (Ferguson 2006).

Family involvement in children's education has also been linked to better outcomes for children such as improved school readiness, higher academic achievement and greater sociability and engagement with peers, adults, and learning, and buffers the negative effects of poverty on children's academic outcomes and behaviour (Bassani 2008; Weiss et al. 2006). The degree to which parents are involved with their children at home or at school has also been linked with the size and type of parents' social networks (Sheldon 2002).

Access to social support, or perceptions of social support, are also associated with broader measures of children's wellbeing. Indicators of social capital—church affiliation, perception of social support, and support within the neighbourhood—were shown in one study to be better indicators of children's wellbeing than family structure indicators such as the number of parents and number of children in the family (Runyan et al. 1998).

Similarly, recent Australian research shows a tendency for a greater proportion of infants and children aged 4–5 years to be performing poorly (in the bottom 15%) on an outcome index if their primary parent reported lower community connectedness or poor feelings of support from sources outside their immediate family. The outcome index used covered three broad domains: health and physical development; social and emotional functioning; and learning and academic competency. Community connectedness was assessed by asking about the extent to which respondents agreed that: they would know where to get information about local services, they felt a strong sense of identity with their neighbourhood, they felt most people in their neighbourhood could be trusted, and that they were well-informed about local affairs (Zubrick et al. 2008).

Families' social networks can affect children's immediate family environment. Good social supports can act as a protective factor against socioeconomic stressors and buffer the effects of other risk factors such as maternal depression and ineffective parenting (Zubrick et al. 2008). Living in isolation from extended family networks and support services is associated with less effective parenting behaviours and practices and poorer parental mental health, which are strongly associated with poorer health, development and wellbeing outcomes for children (Hoffmann-Ekstein 2007; Jack & Jordan 1999; Wise 2003; Zubrick et al. 2008).

Parent's involvement in community organisations, another dimension of the wider social environment, has also been linked with positive outcomes for children, in particular it has been associated with effective parenting (Ferguson 2006; Hoffmann-Ekstein 2007).

Trust is an important characteristic of good quality relationships and social interactions. High levels of trust in other people facilitate better quality relationships and interactions and promote the exchange of resources and support. Along with poorer social networks, low levels of trust within a neighbourhood are associated with poor child outcomes (Ferguson 2006; Taylor 2004), while lack of trust in services and institutions is a barrier to beneficial community participation (Hoffmann-Ekstein 2007).

3.2 Summary

This chapter has examined a range of evidence supporting the importance of quality family relationships and interactions with wider social environments to children's wellbeing. It has identified key factors that are extremely important to healthy child development and overall child wellbeing, such as rich social networks, adequate access to social support from community organisations and informal networks of family and friends, high levels of trust and social participation, and parental involvement in children's education.

4 Policy context

The Headline Indicator priority areas for children's health, development and wellbeing were selected 'in relation to their relevance to government policy and their potential to be amenable to change through prevention and early intervention' (DHS Vic 2008). Investing in the health, education, development and care of children benefits children and their families, communities and the economy, and is critical to lifting workforce participation and delivering the Government's productivity agenda (DEEWR 2010).

Family social network is relevant to a number of current government policies from the Council of Australian Governments (COAG) agenda, and is therefore relevant to both federal and state and territory government policies. This chapter presents information on the relevance of *family social network* in relation to three important policy areas:

- Social Inclusion Agenda
- Early Childhood Reform Agenda
- Family Support Program.

4.1 Social Inclusion Agenda

The Australian Government's Social Inclusion Agenda aims to reduce disadvantage by ensuring that all persons are able to fully participate in society. To be socially included means that people have the resources, opportunities, and capabilities they need to:

- *learn* — participate in education and training
- *work* — participate in employment, unpaid or voluntary work including family and carer responsibilities
- *engage* — connect with people, use local services and take part in local, cultural, civic and recreational activities
- *have a voice* — influence decisions that affect them (Australian Social Inclusion Board 2010).

Social inclusion of parents and children is particularly important to child development as the home environment can be adversely affected by disadvantage arising from each of these areas. The Monitoring and Reporting Framework for Social Inclusion lists social resources as one of the 12 domains of social inclusion (Australian Social Inclusion Board 2010). Within the social resources domain are indicators relating to: support from family/friends in a time of crisis, having a voice in the community, and internet access at home. Each of these is relevant to family social networks with the wider social environment and has a bearing on child development outcomes.

4.2 Early Childhood Reform Agenda

In July 2009, COAG agreed to the *Investing in the Early Years — A National Early Childhood Development Strategy* (the Strategy). The Strategy recognises that a child's early years are critical to their future health, learning, and social and cultural outcomes. The *Early Childhood Development Outcomes Framework* in the Strategy reflects the early childhood reform priorities agreed by COAG in early 2008. It focuses on what Australia needs to achieve to fulfil the vision that 'by 2020 all children have the best start in life to create a better future for

themselves and for the nation'. A number of policy objectives relate to this vision, including greater social inclusion; improved outcomes for the majority of children, but specifically Indigenous children and the most disadvantaged; and increased productivity and international competitiveness (COAG 2009).

Seven outcomes are identified in the ECD Strategy where support for children is needed to realise the vision. These outcomes fall into two groups. The first group focuses on the child and broadly describes a young child's developmental pathway, beginning in the antenatal period:

- children are born and remain healthy
- children's environments are nurturing, culturally appropriate and safe
- children have the knowledge and skills for life and learning
- children benefit from better social inclusion and reduced disadvantage, especially Indigenous children
- children are engaged in and benefiting from educational opportunities.

The second group recognises the primary importance of the family. The ECD Strategy seeks outcomes for families related to parenting relationships and workforce participation that underpin the five previous outcomes:

- families are confident and have the capabilities to support their children's development
- quality early childhood development services that support the workforce participation choices of families (COAG 2009).

A number of these outcomes have a strong relationship to *family social network*.

An indicator-based reporting framework is currently under development and will enable monitoring of achievements against the ECD Outcomes Framework to inform COAG of progress towards the vision and policy objectives of the ECD Strategy outlined above.

4.3 Family Support Program

One of the identified priorities for dealing with social exclusion and increasing social inclusion in Australia is supporting children at greatest risk of long-term disadvantage by providing health, education and family relationship services (Australian Government 2009). In early 2009, the establishment of the Family Support Program was announced in relation to this priority. The program brings together a number of existing family, children and parenting services that share a common interest in supporting Australian families, parents and children (FaHCSIA 2009). The Family Support Program is an umbrella program with three core service streams:

- Community and family partnerships— to provide intensive and coordinated support targeted at significantly disadvantaged communities and families and especially vulnerable and at risk families and children.
- Family and parenting services— to provide early intervention and prevention services to families to build and strengthen relationships, develop skills and support parents and children.
- Family law services—to help families manage the process and impact of separation in the best interests of children (Australian Government 2010).

Communities for Children is part of the new Family Support Program that provides prevention and early intervention programs to families with children up to 12 years, who are at risk of disadvantage and who remain disconnected from childhood services.

5 Identifying and defining a Headline Indicator

The objective of the Children's Headline Indicators project is to identify and define a single Headline Indicator of children's health, development and wellbeing for each of the 19 priority areas. The broad and multidimensional nature of the *family social network* priority area made it difficult to identify a single Headline Indicator.

This chapter describes the process of defining and selecting a Children's Headline Indicator for *family social network*. It involved identifying aspects of *family social network* that were strongly associated with children's wellbeing through a review of the literature, reviewing relevant national and international frameworks and indicator reports, and consultation with key experts.

5.1 Agreed conceptual basis

The project report, *Headline Indicators for children's health, development and wellbeing* (DHS Vic 2008) was the starting point for establishing the conceptual basis for a *family social network* Headline Indicator. The report, which maps out the priority areas for the Children's Headline Indicators project, refers to social interactions both within children's immediate social environments and between families and wider social environments under the heading of *family social network*. The report highlights the importance of families' access to social support, the quality and depth of their social relationships, and the strength of their social networks to children's wellbeing.

In Chapter 2, it was suggested that the term *family social network* could be interpreted broadly to cover both:

- the child's immediate family and relationships and interactions within the immediate family
- family relationships and interactions with wider social environments, that is, the people, groups or institutions connected to a child's immediate family by interactions that may or may not involve the child directly.

Findings from the literature review demonstrated that both of these aspects of children's social networks are extremely important to their wellbeing and are interconnected, but it was recognised that it would be extremely difficult to cover both aspects within a single indicator. It was agreed, through the consultation process, that family relationships and interactions with wider social environments was more relevant to the term *family social network* and that these wider family relationships and interactions should be the focus of the Headline Indicator. The quality of social relationships was identified, through the literature review and the consultation process, as the characteristic that was most important to children's wellbeing. It was therefore agreed that the conceptual basis of a Headline Indicator for *family social network* should be the **quality** of family relationships and interactions with wider social environments.

It was also recognised that children's relationships and interactions in their immediate family, particularly child-parent relationships, are also fundamentally important to children's wellbeing. Through the consultation process it was suggested that relationships and interactions within the family is an area that should be separately identified in the suite

of Headline Indicators. It is therefore recommended that the review of the Children's Headline Indicators scheduled for 2011 should consider adding a new priority area to cover relationships and interactions within the family (see Appendix 5 for a brief overview of some of the evidence supporting this recommendation).

5.2 Selecting a single Headline Indicator

In deciding the most suitable indicator as a Headline Indicator for *family social network*, several issues were considered, based on the indicator selection criteria outlined in the project report *Headline Indicators for children's health, development and wellbeing* (DHS Vic 2008:8). It is unlikely that there is one ideal indicator that strictly meets all these criteria but the Headline Indicator should be chosen according to which indicator best fits the criteria. The criteria include if the indicator is:

- worth measuring, that is, if it reflected how Australian children were faring for a broad conceptual issue
- relevant to current Australian and state/territory government policy agendas
- sensitive to intervention and amenable to change
- clear in meaning, interpretation and based on sound empirical evidence
- could be reported using data collected, analysed and reported in a statistically reliable and valid way and measured consistently and repeatedly over time
- capable of reflecting differences and diversity.

Based on a review of the literature and major indicator frameworks, as well as the consultation processes, a number of potential indicators were identified for the *family social network* priority area. These indicators reflect different aspects of the quality of family relationships and interactions with wider social environments:

1. Being able to get support in a time of crisis
2. Being able to get help when needed
3. Being able to ask for small favours
4. Contact with friends and relatives
5. Having people to confide in
6. Generalised trust
7. Access to services
8. Community participation
9. Parental engagement with children's schooling.

The first 5 indicators reflect the quality of interactions in informal networks and include indicators such as frequency of contact with friends, neighbours and acquaintances; being able to ask for help from friends or neighbours; and having people to confide in. Trust, the sixth indicator, is one of the qualities associated with social interactions of cooperation and mutual benefit. The remaining 3 indicators relate to the quality of interactions with formal social institutions, such as social services, community organisations and educational systems.

Table 5.1 provides further detail on the suitability of the proposed indicators as indicators of the quality of family relationships and interactions with wider social environments for the *family social network* priority area.

Table 5.1: Summary of assessment of potential indicators

Potential indicator	Assessment
Being able to get support in a time of crisis	Not suitable.
	Emphasis is on emergency situations, whereas much of the literature refers to the importance of everyday support, particularly that provided by informal networks of relatives and friends.
Being able to get help when needed	Identified for further consideration.
	This is a widely used indicator and strongly associated with children's health, development and wellbeing in a range of studies, including recent Australian research drawing on Growing Up in Australia: Longitudinal Study of Australian Children (Zubrick et al. 2008).
Being able to ask for small favours	Not suitable.
	Considered to be a weaker indicator than 'being able to get help when needed', as it referred only to a less important type of support ('small favours').
Contact with friends and relatives and Having people to confide in	Not suitable.
	These were considered to be weaker indicators than 'being able to get help when needed', because these indicators do not give any information about whether these social networks could be drawn on for support other than moral and emotional support.
Generalised trust	Not suitable.
	Generalised trust did emerge from the literature as being associated with children's wellbeing, but there did not seem to be the same weight of evidence associating generalised trust with children's wellbeing compared with 'being able to get help when needed'. There was also some debate about the extent to which generalised trust is amenable to evidence-based intervention strategies, one of the criterion for Headline Indicator selection.
Access to services	Not suitable.
	Access to services was felt to be important, but secondary to 'being able to get help when needed'. This is because an indicator based on the concept of 'being able to get help when needed' may encompass access to services, if it includes community services as well as informal social networks.
Community participation	Not suitable.
	Although relevant to *family social network*, community participation was considered to be a less direct indicator of the quality of family relationships and interactions with wider social environments than 'being able to get help when needed'.
Parental engagement with children's education	Not suitable.
	This indicator was advocated during the consultation process as an aspect of families' social engagement that is particularly important to children's wellbeing. While this was recognised as an important aspect of how parental engagement with other social entities supports children's wellbeing, this indicator was too narrowly focused. Children's educational outcomes are already represented in a number of Children's Headline Indicators (see Appendix 1), reflecting parental engagement with their children's education both in the home and the education system.

Based on these considerations and the criteria for deciding on a single Headline Indicator for this priority area, it was agreed that 'being able to get help when needed' would be the most suitable basis for a Children's Headline Indicator for *family social network*. It was noted that there was likely to be a correlation between this item and other social capital items, and this was supported by preliminary analysis using the ABS 2006 General Social Survey (see Appendix 6).

The Children's Headline Indicator for the area of *family social network* has therefore been broadly defined as *the proportion of children aged 0–12 years whose parent or guardian was usually able to get help when needed.*

There are a number of definitional issues to be considered in relation to the sources of help or support that should be covered by the indicator. Some data collections refer to help provided by 'anyone', others refer to help provided 'by those living outside the household', or 'by friends and family living elsewhere'. For an indicator of *family social network* where the focus is on family relationships and interactions with wider social environments, the indicator should refer to help provided by those outside the immediate family/household. The definition of the indicator should also be broad enough to encompass help provided by social services and community organisations as well as through informal networks of relatives and friends.

5.3 Summary

This chapter has described the rationale for selecting a Children's Headline Indicator for *family social network.* Based on the research and consultation process, it became evident that the focus should be on the quality of family relationships and interactions with other social environments, and that being able to get help or support when needed is a good indicator of the quality of family relationships with others outside the immediate family. The Children's Headline Indicator for *family social network* has therefore been broadly defined as *the proportion of children aged 0–12 years whose parent or guardian was usually able to get help when needed.*

6 Data sources and data issues

This chapter reviews currently available Australian data relevant to the indicator defined in the previous chapter as, *the proportion of children aged 0–12 years whose parent or guardian was usually able to get help when needed*. The available data collections are compared and the results analysed according to differences in the question wording and methodology.

This analysis raises some important issues that require clarification to inform future data development activities in relation to this indicator. These conceptual and data collection issues are also discussed in this chapter.

6.1 Data sources

There are several large-scale Australian data collections that cover parents' access to social support:

- ABS General Social Survey (GSS), and the corresponding National Aboriginal and Torres Strait Islander Social Survey (NATSISS)
- Household, Income and Labour Dynamics in Australia (HILDA) Survey
- Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC).

The collection methodologies and questions used in each case are quite different and, not surprisingly, yield different results (see Section 6.2 and Appendix 7).

The ABS General Social Survey covers many aspects of life and is designed to enable analysis of the interrelationships between social circumstances and wellbeing outcomes, including the exploration of multiple advantage and disadvantage. The survey provides information on people's health, family relationships, social and community involvement, education, employment, income and financial stress, assets and liabilities, housing and mobility, crime and safety, transport, attendance at culture and leisure venues, and sports attendance and participation (ABS 2007b). The ABS GSS was first conducted in 2002 and is currently conducted every 4 years, with the latest survey being conducted in 2010.

The ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS) covers the topic of social support in a very similar way to the ABS GSS. Aboriginal and Torres Strait Islander children is one of the subpopulations for reporting in the Children's Headline Indicators project. The NATSISS has been conducted twice, in 2002 and 2008.

The primary objective of the Household, Income and Labour Dynamics in Australia (HILDA) Survey is to support research questions falling within three broad and interrelated areas—income dynamics, labour market dynamics and family dynamics. As a longitudinal or panel survey—that is, where the same households are interviewed at regular intervals over a long period of time—the HILDA survey supports research into the dynamic nature of events and how they interact in influencing the changing behaviour and circumstances of Australian households, families and individuals. Interviews were first conducted in 2001 (Wave 1), and are conducted annually. The latest wave of data (Wave 8) became available in 2009.

The aim of the Growing up in Australia: the Longitudinal Study of Australian Children (LSAC) is to identify the key factors influencing child outcomes over the developmental life course in the early years, including their interaction. The LSAC is following two cohorts of children for a number of years, starting from when the children were aged 0–1 years (infant

cohort) and 4–5 years (child cohort). The study will add to the understanding of early childhood development, inform social policy debate, and identify opportunities for early intervention and prevention strategies in policy areas concerning children, specifically; parenting, family relationships and functioning, early childhood education and schooling, child care and health.

The LSAC started in 2004 (Wave 1) and face-to-face interviews are conducted every 2 years. The latest wave of data (Wave 3) became available in 2009. A longitudinal study of Indigenous children is also being conducted. Footprints in Time: the Longitudinal Study of Indigenous Children (LSIC) aims to provide information about how Indigenous children's early years affect their development. The LSIC covers some information related to social support focusing on getting help from family members. Data from Wave 1 were released in early 2010.

One large-scale Australian survey that does not cover the topic of parents' access to social support is the ABS Family Characteristics Survey (FCS), which yields information on household and family composition, step and blended families, shared care arrangements and characteristics of non-resident parents. This survey is potentially suitable for collecting data for the Children's Headline Indicator for *family social network* as it covers all members of the family and provides estimates based on children. The ABS FCS was first conducted in 1997 and since 2003 has been conducted every 3 years. In 2006–07 the survey included a family transitions topic for the first time, covering relationship history, relationship expectations, children born and fertility expectations. The family transitions topic is expected to be collected with every second FCS. Last conducted in 2009–10, the FCS is due to be carried out with the family transitions topic again in 2012–13. The methodology of this survey is described in more detail in Appendix 7.

6.2   Comparison of available data and data issues

This section presents a comparison of social support data from the three data sources identified above.

Table 6.1 illustrates that the majority of children live in families where their parents feel they are able to ask for or get support when they need it. The exact percentage differs substantially depending on the source used, reflecting differences across the surveys in the wording of the questions, the counting units in which the data are output (that is, households compared with children), the age of the children to whom the data refer, and other differences in the survey methodologies.

Differences in relation to question wording, as well as other methodological differences between the data sources are discussed below.

Table 6.1: Comparison of available data in relation to being able to get help when needed

Data source	Description of available data	Per cent
2006 GSS	People aged 18 years or over who were able to get support in a time of crisis	93.3
	One-family households[a] with children aged 0–14 years where the responding parent was able to ask for support from someone living elsewhere in a time of crisis	94.4
2008 NATSISS	People aged 15 years or over who were able to get support in a time of crisis	88.8
HILDA Wave 8 (2008)	Children aged 0–12 years where at least one parent agreed that they could usually find someone when they needed someone to help them out[b]	87.2
	Children aged 0–12 years where both parents agreed that they often needed help from other people but couldn't get it[b]	6.3
LSAC Wave 1 (2004)[c] [d]	Primary carers of children aged 0–1 years and 4–5 years who reported getting enough help from friends and family living elsewhere	69.9
	Primary carers of children aged 0–1 years and 4–5 years who reported getting enough help from friends and family living elsewhere, including those who reported not needing any help	77.3
	Primary carers of children aged 0–1 years or 4–5 years who reported not getting enough help from friends and family living elsewhere, including those who reported not getting any help at all	22.7
LSAC Wave 3 (2008)[c][e]	Primary carers of children aged 4–5 years or 8–9 years who felt they sometimes, often or very often needed support or help but could not get it from anyone	73.3
	Primary carers of children aged 4–5 years or 8–9 years who felt they often or very often needed support or help but could not get it from anyone	14.0

(a) Where the respondent was a parent and there were no other adults living in the household.

(b) Includes those whose responses ranged from 5–7 on the scale used (more in agreement with the statement provided).

(c) Data are for the infant and child cohorts combined. Results for the infant and child cohorts were very similar. Excludes persons for whom data was missing or question not asked.

(d) This question was asked in Wave 1 only.

(e) This question was asked in waves 1–3.

Sources: ABS 2007a, 2009c; AIHW analysis of ABS 2006 GSS confidentialised unit record file, HILDA Survey Wave 8, and LSAC waves 1 and 3.

Question wording

The questions used to find out if parents feel that they are able to ask for or get support when they need it differ substantially across the three data collections. These differences are analysed in detail below (see Appendix 7 for the exact wording of the questions). In all questions across the data collections, the respondent is either the child's parent or guardian.

Crisis support or everyday help and support

The 2006 GSS focuses on being able to 'ask for support in a time of crisis if needed' and also provides respondents with a prompt card listing some examples of different types of support that may be needed in a time of crisis. This differs from the questions used in the HILDA and the LSAC, which focus on being able to get help or support (or not) when needed, without restricting to support 'in a time of crisis'.

Asking for or getting help

The 2006 GSS question refers to being able to 'ask' for support, whereas the other two data sources refer to being able (or unable) to 'get' help or support. This is a relatively subtle difference as being able to 'ask' for support may imply 'being able to ask for support and get it'.

Where the support is coming from

The 2006 GSS refers to being able to ask for support in a time of crisis from someone living elsewhere. The HILDA questions simply refer to 'other people', which may include those living in the same household. There are two questions of interest from the LSAC—one that was asked only in Wave 1, and one that has been asked in waves 1–3. The LSAC question asked throughout waves 1–3 refers to 'anyone'—again this may include those living in the same household—while the question that was included in Wave 1 only refers to 'family or friends living elsewhere'. This would seem to exclude help provided, for example, by community and emergency organisations, but the other questions do not explicitly exclude these as potential sources of support.

Able to get help or unable to get help

The 2006 GSS and one of the HILDA statements are framed in positive terms. These questions ask about being able to get help when needed. The other HILDA statement and the LSAC question used throughout waves 1–3 are framed in negative terms, that is, they ask about not being able to get help when needed. The LSAC question used only in Wave 1 is expressed in neutral terms, simply asking the respondent how they feel about the amount of support they get.

When or how often help is sought or received, and amount of help received

Another potential source of the differences in the results is around the information provided in the questions to help the respondent answer them. People may require help or support often, in different circumstances, and may be able to get help on some occasions but not others. The survey questions all provide some clarification to help respondents answer, but this information differs across the surveys, which refer either to the circumstances in which help was needed, how often help was needed, or how much help was received.

The 2006 GSS question focuses on being able to ask for help 'if needed … in a time of crisis', with responses being recorded as 'yes' or 'no'.

The HILDA survey includes two statements framed in terms of the frequency of help being needed and received. The first statement refers to 'often needing help but not being able to get it' while the second statement refers to 'usually being able to find someone to help when needed'. Respondents were asked to report how strongly they agreed with these statements on a 7-point Likert scale (1= 'strongly disagree' to 7 = 'strongly agree'). In Table 6.1, data was presented for those respondents who recorded numbers 5–7 on this scale (which seems to indicate positive agreement with the relevant statement).

The LSAC question used throughout waves 1–3 asked respondents to report how often they were unable to get help from anyone, with response categories of 'very often', 'often', 'sometimes' and 'never'.

Finally, while all of these questions may imply that the amount of help (if received) was adequate, the LSAC question included only in Wave 1 is the only question that explicitly refers to the amount of help received, with response categories 'I get enough help', 'I don't get enough help', 'I don't get any help at all' and 'I don't need any help'.

Summary of questions used—preferred question wording

As discussed above the questions used to obtain information about parent's access to social support vary substantially across the three data collections. The wording of the question

used in the HILDA Survey aligns most closely with the definition of the *family social network* Headline Indicator that focuses on being 'usually able to get help when needed'.

This question wording in the HILDA Survey is preferred as it is a positive indicator focusing on being able to get everyday help and support when needed. The ABS GSS focuses more specifically on being able to ask for support in a time of crisis. The LSAC question included in all three waves of the survey is similar in concept to the HILDA question, but from the negative perspective, focusing on being unable to get help from anyone when needed. Finally, the LSAC question included only in Wave 1 is the only question that explicitly refers to the adequacy of the amount of help received.

Sample size

One of the criteria for selecting a Children's Headline Indicator is that the indicator should be 'capable of reflecting differences and diversity'. Specifically, it is required that Headline Indicators support reporting by state and territory and for subpopulations of children, including Aboriginal and Torres Strait Islander children, children living in remote and disadvantaged areas, and children from culturally and linguistically diverse backgrounds. Very few data collections support reporting for all these subpopulations, some of which are statistically small. The coverage and sample size of surveys is therefore an important consideration for headline indicator reporting.

The data collections identified in this chapter have different sample sizes and were conducted at different times (see Appendix 7). These issues are likely to contribute to the differences in results shown in Table 6.1.

The HILDA Survey has a smaller sample size than the ABS GSS and the ABS FCS, particularly in the smaller states and territories. As with many other potential data sources, the HILDA sample size is too small to support disaggregations by state/territory and by population groups such as Indigenous status and remoteness, which are requirements for reporting on the Children's Headline Indicators.

The LSAC sample is drawn from two cohorts of children, starting from when the children were aged 0–1 years (infant cohort) and 4–5 years (child cohort) in 2004. The LSAC survey design therefore does not support reporting for all children aged 0–12 years, and the sample size is not sufficient to support reporting by state/territory and subpopulation groups.

Counting units

Where possible and appropriate, the preferred counting unit for the Children's Headline Indicators is children. However, differences in survey designs mean that the results are reported differently in terms of the counting units, age of children, and if one or both parents responded to the survey.

The counting unit for the 2006 GSS results reported in Table 6.1 is households containing children aged 0–14 years. The GSS was not designed to produce estimates of children. Information about the age of youngest child in the household is available from the GSS confidentialised unit record file in 5-year age groups. The question about being 'able to ask for help in a time of crisis' was asked of one randomly-selected adult in the household aged 18 years or over. This information was therefore not obtained from both parents in couple families. In households with children aged 0–14 years, this person might have been the child's parent, or a parent in another family (in multiple-family households), or an adult residing in the household who was not a member of the family (such as another relative,

friend or boarder), or an adult sibling. To count only those households where the respondent was a parent of a child aged 0–14 years, the following households were excluded from the results presented in Table 6.1: multiple-family households, households containing adults who were not members of the family, and households where the randomly-selected adult was not a parent.

The counting unit for the HILDA results is children aged 0–12 years. This aligns exactly with the counting unit specified for the agreed *family social network* Children's Headline Indicator. The questions in HILDA were asked of everyone aged 15 years or over in the selected household, enabling the responses of both parents in couple families to be taken into account. The HILDA results reported in Table 6.1 therefore show:

- proportion of children aged 0–12 years where at least one parent agreed that they could usually find someone when they needed someone to help them out
- proportion of children aged 0–12 years where both parents (in couple families) or the lone parent (in one-parent families) agreed that they often needed help from other people but couldn't get it.

The counting unit for the Wave 1 LSAC data included in Table 6.1 is the primary parent. LSAC tracks two cohorts of children (aged 0–1 years and 4–5 years at Wave 1). This may affect the LSAC results compared with the GSS and HILDA that cover a broader age group of children, as people with younger children may need help more often than those with older children, and may not always be able to get the help they need. Alternatively, people may find it easier to get help when their children are younger as friends and family may be more willing to provide help due to the demanding nature of parenting young children.

6.3   Key issues for data collection methodology

There are a number of conceptual and data collection issues that are important in developing an indicator for the *family social network* priority area—these are discussed in this section. During the consultation process there was general agreement in relation to a number of these issues; but further clarification would be required before relevant data could be collected.

Broad conceptual issues

During the consultation process there was general agreement and support that the proposed *family social network* Children's Headline Indicator be defined as: *the proportion of children aged 0–12 years whose parent or guardian was usually able to get help when needed*.

Further, it was agreed that the indicator should:

- focus on being able to get help in response to a perceived need for help
- not be limited to support in a time of crisis but should be broader to encompass everyday support
- cover support provided by both formal and informal support networks. It was recognised that some guidance would need to be provided to respondents to ensure that formal support was included. This may be via a prompt card, or through a separate question about sources of support (the ABS GSS currently includes such a question)
- focus on help obtained from people living outside the household.

During the consultation process it was observed that there is some ambiguity about what is meant by 'getting help when needed'. Defining what constitutes 'help' will be necessary when developing a data collection methodology, and a prompt card may be required for

respondents to assist their understanding of the types of help to consider when responding to the question.

There is also some subjectivity involved in reporting on ability to get help 'when needed', with culture and personality influencing the perceived need for help. It is recognised that the perception of needing help is subjective: some families might perceive that they need help, or seek help, much more readily than others.

Some specific areas of ambiguity relate to the frequency with which help is able to be obtained when needed and the amount of help that is able to be obtained. These issues affect both the definition of the indicator itself, and the method of collecting the data. The indicator and data collection methodology needs to take into account how different scenarios should be treated. For example, a parent may be able to get help sometimes, but not usually, or may usually be able to get some help, but not enough. The issue of *frequency* is already captured in the definition of the indicator ('usually able to get help') but the issue of the *amount of* help received is not covered. It may be worthwhile to consider if reliable information on the adequacy of the amount of help received can be collected when developing a data collection methodology.

A more technical definition as follows may resolve some of the conceptual ambiguities in the broad definition, and may provide a useful starting point for development of a data collection methodology:

The proportion of children aged 0–12 years with at least one residential parent or guardian who was usually able to get help from formal and/or informal social networks (from sources outside the household) when needed.

Counting unit

Consultation with experts strongly supported that the counting unit for the *family social network* Headline Indicator should be children, rather than parents or households with children. Although the counting unit is children, the respondent remains the parent or guardian. The indicator therefore refers to the *proportion of children aged 0–12 years*, rather than the *proportion of parents/households with children aged 0–12 years.*

Of the surveys discussed earlier in this chapter, the HILDA survey and the ABS Family Characteristics Survey are the only sources that can report data with children as the primary counting unit for the population of interest, that is, children aged 0–12 years.

Data collection issues

A number of the conceptual issues discussed and clarified above have implications for the collection of data.

Some of the main issues that have implications for data collection include:
- counting unit should be children aged 0–12 years
- information about being able to get help when needed should preferably be obtained from both parents in a couple family, or the residential parent in a lone parent family. It is not proposed that information should be sought from non-resident parents even in shared care arrangements because of the methodological difficulties involved in collecting and compiling data in these situations.
- guidance would need to be provided to respondents to clarify the types of help to consider in their response and the sources of help (to ensure responses cover both formal and informal networks), and to ensure that responses focus on help provided from

outside the household. This guidance may be provided through a sequence of questions or through the use of a prompt card.

- consideration needs to be given to both the questions and the response frames, to determine the best combination of questions and response categories. A single question covering all the conceptual issues included in the detailed definition of the indicator would be very wordy and may be difficult for respondents to answer; instead a sequence of questions may be required. Some of these questions may require a 'yes/no' answer, while another may ask respondents to nominate how frequently they are able to get help when they need it, using response categories such as 'always', 'usually', 'sometimes', 'rarely' and 'never'.

Testing would be required to establish a reliable and valid method of collecting data to report on an indicator of *family social network* as defined in this paper. Reliable, to ensure that the data collection methodology measures the concept consistently, and valid in that the data collection methodology is measuring what it claims to measure, that is, the quality of family relationships and interactions with wider social environments, rather than another concept such as access to services.

6.4 Summary

This chapter has examined potential data sources for reporting on the recommended Headline Indicator for family social network, which can be broadly defined as *the proportion of children aged 0–12 years whose parent or guardian was usually able to get help when needed*.

This raised a number of conceptual issues for collecting and reporting on this recommended Headline Indicator, such as the frequency that help is able to be obtained when needed, the amount of help that is able to be obtained, and where the help is obtained from. This led to the development of a technical definition of the Headline Indicator as *the proportion of children aged 0–12 years with at least one residential parent or guardian who was usually able to get help from formal and/or informal social networks (from sources outside the household) when needed*, to be based on parent or guardian self-report.

Three national data collections that currently cover the subject of 'being able to get help when needed' were examined in this chapter: the ABS GSS, the HILDA Survey, and the LSAC. Each of these data sources collects information on this subject in slightly different ways and using different methodology, but none fully meets the requirements for reporting on the Children's Headline Indicator for *family social network* as defined.

Further work is therefore required to determine the most suitable data collection method and data collection vehicle for the *family social network* Headline Indicator. A large-scale national survey that uses children as the counting unit, and supports disaggregation by state and territory for subpopulations of children, would be the most appropriate data collection vehicle. A large-scale survey is particularly important to ensure reliable estimates can be obtained when disaggregating by subpopulations of children for states and territories with comparatively smaller populations, such as Tasmania, the Australian Capital Territory and the Northern Territory.

Appendix 1: Headline Indicators for children's health, development and wellbeing

Priority areas	Headline Indicators	Data source
Infant mortality	Mortality rate for infants less than 1 year of age	AIHW National Mortality Database
Dental health	Mean number of decayed, missing or filled teeth (DMFT) among primary school children aged 12 years	Child Dental Health Survey
Literacy	Proportion of children in Year 5 achieving at or above the national minimum standards for reading	National Assessment Program—Literacy and Numeracy
Numeracy	Proportion of children in Year 5 achieving at or above the national minimum standards for numeracy	National Assessment Program—Literacy and Numeracy
Teenage births	Age-specific birth rate for 15 to 19 year old women	National Perinatal Data Collection
Birthweight	Proportion of live born infants of low birthweight	National Perinatal Data Collection
Family economic situation	Average real equivalised disposable household income for households with children in the 2nd and 3rd income deciles	ABS Survey of Income and Housing
Injuries	Age-specific death rates from all injuries for children aged 0–4, 5–9 and 10–14 years	AIHW National Mortality Database
Child abuse and neglect	Rate of children aged 0–12 who were the subject of child protection substantiation in a given year	AIHW Child Protection Data Collection
Immunisation	Proportion of children on the Australian Childhood Immunisation Register who are fully immunised at 2 years of age	Australian Childhood Immunisation Register
Overweight and obesity	Proportion of children whose body mass index (BMI) score is above the international cut-off points for 'overweight' and 'obese' for their age and sex	ABS National Health Survey
Transition to primary school	Proportion of children entering school with basic skills for life and learning	Australian Early Development Index
Attendance at primary school	Attendance rate of children at primary school	MCEETYA National Report on Schooling in Australia—data not currently suitable for reporting
Smoking in pregnancy	Proportion of women who smoked during the first 20 weeks of pregnancy	National data not available
Breastfeeding	Proportion of infants exclusively breastfed at 4 months of age	National data not available
Attending early childhood education programs	Proportion of children attending an early education program in the year before beginning primary school	National data not available
Social and emotional wellbeing	*Indicator under development*	—
Shelter	*Indicator under development*	—
Family social network	*Indicator under development*	—

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Professor Ilan Katz, of the Social Policy Research Centre, University of New South Wales also provided valuable comments on the workshop discussion paper.

Appendix 4: Indicator frameworks and reports reviewed

The frameworks and indicator reports reviewed for family social network represented relevant reports recently published in this area, but the list is not exhaustive.

- *A picture of Australia's children* (AIHW 2009)
- *Indicators for child health, development and wellbeing* (Waters et al. 2002)
- *Indicators of social and family functioning* (Zubrick et al. 2008)
- *Report card: The wellbeing of young Australians* (ARACY 2008)
- *Measures of Australia's progress* (ABS 2006)
- *Australian social trends* (ABS 2009a)
- *Measuring social capital: An Australian framework and indicators* (ABS 2004)
- *A compendium of social inclusion indicators* (Australian Social Inclusion Board indicators working group 2009)
- *An overview of child wellbeing in rich countries* (UNICEF Innocenti Research Centre 2007)
- *Positive indicators of child wellbeing: a conceptual framework, measures and methodological issues* (Lippman et al. 2009).

Appendix 5: Importance of relationships within the family

A vast array of research supports the importance of the immediate family environment, and parenting in particular, to children's health, development and wellbeing. This appendix provides a very brief overview of some main findings illustrating the importance of relationships within the family to children's development and wellbeing.

Parental capacity, parenting styles and practices

The quality of the parent-child relationship is consistently identified as being of primary importance to children's health, development and wellbeing. The quality of everyday parent-child interactions is considered to have powerful effects on child development and to be 'one of the best predictors of children's wellbeing' (Centre for Community and Child Health 2007; Mooney et al. 2009; Waters et al. 2002). Recent Australian research based on Growing up in Australia: the Longitudinal Study of Australian Children shows that a set of measures of parenting practices and behaviours were found to be the strongest predictors of children's negative outcomes (Zubrick et al. 2008).

The strong associations between parenting quality, styles and practices and child outcomes is well recognised (Waters et al. 2002). Behaviours or styles that are positively associated with children's development include parental involvement, responsiveness, warmth, sensitivity, acceptance, predictability and the absence of harsh, punitive forms of discipline (Centre for Community and Child Health 2007; Mooney et al. 2009; Zubrick et al. 2008). Parents who were more confident of their parenting abilities were less likely to have children with negative outcomes (Zubrick et al. 2008).

Parental characteristics are also an important feature of parent-child relationships. Studies have shown that 'parental education is a predictor of children's health and wellbeing that is stronger than family income, single parenthood or family size in many cases' (Davis-Kean 2005). The mental health of parents is another aspect of parental capacity. Evidence suggests that mental health problems in parents, particularly mothers who are usually the primary carers, are associated with an increased risk of emotional and social problems in children (Mooney et al. 2009; Zubrick et al. 2008).

Family functioning and cohesion

Relationships and interactions between members of the whole family unit are also important. Family functioning is generally agreed to be about how family members relate and interact, communicate, make decisions and solve problems (Walker & Shepherd 2008). Functioning within the whole family is considered to affect child development because particular family relationships, such as the parent-child relationship, may be affected by other social interactions such as conflict within the family (Wise 2003; Zubrick et al. 2008).

Appendix 6: Association between 'ability to get support' and other social capital measures

The ABS 2006 General Social Survey (GSS) included a range of indicators of social capital for the first time, some of which were considered for the *family social network* Headline Indicator. The ABS research paper, *Exploring measures of low social capital,* explores a range of social capital measures and their associations with each other (ABS 2009b).

This appendix presents some basic analysis comparing the proportions of those households with children that were able/not able to get support in a time of crisis with other selected social capital indicators. The vast majority (94%) of households with children were able to get support in a time of crisis (Table A6.1). Households that were able to get support in a time of crisis were more likely to report positive outcomes across all social capital items presented, compared with those who could not get support.

The greatest differences between households who could and could not get support were on the social capital items related to relationships and interactions with informal social networks, such as family and friends (shaded in Table A6.1). For example, of those households who could get support in a time of crisis, 96% could also ask for small favours from family or friends, compared with 61% for those who could not get support.

This is not a surprising finding given that the results from the ABS GSS also showed that friends, family and neighbours are the primary sources of support in a time of crisis (ABS 2007a). This is also true for households with children aged 0–14 years, with further analysis showing that parents were most likely to ask a family member for support in a time of crisis (82%), while 71% could ask a friend, 37% could ask a neighbour and 24% could ask a work colleague (respondents could report more than once source of support). In comparison, 14% reported that they could ask a community, charity or religious organisation for support in a time of crisis, while smaller percentages reported being able to ask for support from local council or other government services or from a health, legal or financial professional.

The ABS GSS does not provide estimates of children, but does provide information for households containing children aged 0–14 years. Table A6.1 shows data from the ABS GSS for households with children aged 0–14 years. This analysis is based on one-family households, where the responding adult was a parent (that is, a spouse, partner or lone parent rather than an adult sibling in the family), and there were no other adults living in the household, whether related or unrelated to the main family in the household.

Table A6.1: One-family households with children aged 0–14 years, 'support in time of crisis' by other social capital items, 2006

Social capital items	Could get support in time of crisis		Could not get support in time of crisis		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Somewhat or strongly agreed that most people can be trusted	1,052,400	54.9	42,500	37.6	1,094,900	53.9
Felt able to have a say with family and friends on important issues at least some of the time	1,852,600	96.6	92,100	81.4	1,944,700	95.8
Felt able to have a say with family and friends on important issues all or most of the time	1,649,600	86.0	68,800	60.8	1,718,400	84.6
Felt able to have a say within community on important issues at least some of the time	1,111,300	57.9	47,600	42.1	1,158,900	57.1
Felt able to have a say within community on important issues all or most of the time	570,800	29.8	28,900	25.5	599,700	29.5
Had a family member living elsewhere that they felt close to and could confide in	1,735,500	90.5	65,200	57.6	1,800,700	88.7
Had friends that they felt close to and could confide in	1,738,600	90.7	65,100	57.5	1,803,700	88.8
Had contact with family or friends at least once a week	1,868,600	97.4	94,300	83.3	1,962,800	96.6
Could ask for small favours from family or friends	1,843,200	96.1	68,600	60.6	1,911,800	94.1
Felt safe or very safe at home alone during the day	1,834,100	95.6	102,400	90.5	1,936,500	95.4
Felt safe or very safe at home alone after dark	1,645,700	85.8	82,100	72.6	1,727,800	85.1
Felt safe or very safe walking along in local area after dark	952,800	49.7	41,100	36.3	993,900	48.9
Support in time of crisis	**1,917,800**	**94.4**	**113,200**	**5.6**	**2,030,900**	**100.0**

Note: Shading indicates the largest differences between households who could and could not get support on the social capital items. For further information on the categories included in this table, refer to Supplementary information for Table A6.1 below.

Source: AIHW analysis of ABS 2006 General Social Survey (GSS) confidentialised unit record file.

Supplementary information for Table A6.1

For some of the items presented in Table A6.1, responses are reported using a 'yes/no' response, but other items are reported in terms of how often something occurred, or the extent to which the respondent agreed with a statement. For the following items of this type, categories have been combined as indicated.

Level of generalised trust

Respondents were asked how strongly they agreed or disagreed that 'most people can be trusted' using the following categories:

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

Table A6.1 reports the proportion that strongly agree or somewhat agreed with this statement.

Felt able to have a say with family and friends on important issues

Respondents were asked 'how often do you feel you are able to have a say with your family or friends, on issues that are important to you?' using the following categories:

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

Table A6.1 reports two proportions for this item: one based on those who could get support 'at least some of the time' (that is, categories 1–3 above) and those who could get support 'all or most of the time'. A similar approach is used for the item 'Felt able to have a say within the community on important issues'.

Frequency of contact with family or friends

This data item draws on a number of questions about different forms of contact. It is presented using the following categories:

1. Every day
2. At least once a week
3. At least once a month
4. At least once in 3 months
5. No recent contact
6. No family and no friends

Table A6.1 presents the proportion based on having contact with family or friends at least once a week.

Safety

The three safety items — safety at home during the day/after dark/walking alone in local park after dark — are reported using the following categories:

1. Very safe
2. Safe
3. Neither safe nor unsafe
4. Unsafe
5. Very unsafe
6. Never home alone during the day

Appendix 7: Data sources

This appendix contains more detailed information on the data sources described in Chapter 6.

ABS General Social Survey

Scope

The ABS 2006 General Social Survey (GSS) was a national survey, conducted in urban and rural areas in all states and territories, but excluded very remote parts of Australia.

The survey covered people aged 18 years or over who were usual residents of private dwellings (for example, houses, flats, home units) (ABS 2007b).

Sample size

The ABS 2006 GSS had a fully responding sample of 13,375 dwellings.

Collection methodology

Face-to-face personal interviews were conducted at selected dwellings using a Computer Assisted Interviewing questionnaire.

One person aged 18 years or over, randomly selected from each participating household, provided most of the information sought (in some cases where the information was not known by the selected person, a spokesperson from the household was nominated to provide information). The collection of some information required the selected person to answer on behalf of other members of the household.

Counting units

The ABS GSS yields data for the following counting units:
- people aged 18 years or over
- households containing people aged 18 years or over.

Data for children aged 0–12 years cannot be produced from the survey, but the survey does yield data for households containing children aged 0–14 years.

Survey question

The randomly selected respondent was asked the following question about being able to ask for 'support in a time of crisis' while shown a prompt card.

If you needed to, could you ask someone who does not live with you for any of these types of support in a time of crisis?

Yes

No

Prompt card

Examples of types of crisis support:

- Advice on what to do
- Emotional support
- Help out when you have a serious illness or injury
- Help in maintaining family or work responsibilities
- Provide emergency money
- Provide emergency accommodation
- Provide emergency food

Further information

ABS 2007a, 2007b.

ABS National Aboriginal and Torres Strait Islander Social Survey

Scope

The scope of the 2008 ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS) was all Indigenous people who were usual residents of private dwellings in Australia. The 2008 NATSISS was conducted in remote and non-remote areas in all states and territories of Australia, including discrete Indigenous communities.

Sample size

The final sample for the 2008 NATSISS comprised 13,307 persons (7,823 adults and 5,484 children).

Collection methodology

Face-to-face personal interviews were conducted at selected dwellings using a Computer Assisted Interviewing questionnaire.

For selected households in discrete remote Indigenous communities and outstations, one Indigenous person aged 15 years or over and one child aged 0–14 years were selected. For selected households in non-remote and remote non-community areas, up to two Indigenous persons aged 15 years or over and up to two children aged 0–14 years were selected.

Counting units

The NATSISS yields data for the following counting units:

- people aged 15 years or over
- children aged under 15 years
- families
- households.

Data for children aged 0–12 years can be produced from the survey.

Survey question

The survey question used in the NATSISS to collect information about getting help when needed was very similar to that used in the GSS (that is, focused on support in a time of crisis), but with some modification. The NATSISS Users' Guide (ABS 2010) states that 'a time of crisis' refers to a time of trouble that is out of the ordinary for most people, for example:

- sudden sickness
- death of a partner/spouse
- loss of job
- breakdown of marriage/relationship
- fire or flood.

The question wording used to collect this information was slightly different for remote and non-remote areas. In remote areas people were asked if they could ask somebody who does not live with them for help/support if they were having serious problems. In non-remote areas people were asked if they could ask somebody who does not live with them for support in a time of crisis. Examples of the types of support a person might ask for were provided as a guide. These examples were given verbally to people in remote areas and via the use of prompt cards for people in non-remote areas. Examples included:

- providing emergency money/food/accommodation
- helping out when the person has a serious injury or illness
- helping to maintain work/family responsibilities
- providing advice/emotional support.

Further information

ABS 2008b, 2009c, 2010.

Household, Income and Labour Dynamics in Australia (HILDA) Survey

This paper uses unit record data from the HILDA Survey. The HILDA Project was initiated and is funded by FaHCSIA and is managed by the Melbourne Institute of Applied Economic and Social Research (Melbourne Institute). The findings and views reported in this paper, however, are those of the authors and should not be attributed to either FaHCSIA or the Melbourne Institute.

Scope

The HILDA survey is a longitudinal national survey conducted in all states and territories, but excludes remote and sparsely populated areas.

Wave 1 of the HILDA survey was conducted in 2001, and covered all usual residents of selected private dwellings (except for dwellings that are not primary places of residence, such as holiday homes). All members of the household were included in the sample but only those aged 15 years or over were interviewed.

Subsequent waves re-interview the original respondents, as well as any new members of the selected households.

Sample size

Interviews were obtained from 7,066 households in 2008 (9,354 individuals). The number of individuals interviewed in every wave (1–8) was 8,034.

Collection methodology

Information relating to the household as a whole is generally obtained from one member of the household.

Individual information is obtained via face-to-face personal interviews conducted with all members of the selected household aged 15 years or over using paper questionnaires (for waves 1–8). Individuals who provide information via a personal interview are then asked to complete another questionnaire (self-completion questionnaire). This questionnaire contains questions covering topics that respondents may feel uncomfortable answering in a face-to-face interview.

Some information about younger people in the household is collected from an appropriate adult member of the household.

Counting units

The HILDA survey yields data for the following counting units:
- people aged 15 years or over
- children aged under 15 years
- households containing people aged 15 years or over
- households containing people aged 15 years and under.

Data for adults and children in other specified age ranges, and for households containing people of different age groups, can also be produced.

Data for children aged 0–12 years can be produced from the survey.

Survey question

In the HILDA survey, the following questions about being able to get support (or not) when needed are included in the self-completion questionnaire.

> The following statements have been used by many people to describe how much support they get from other people. How much do you agree or disagree with each? The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross. (1= Strongly disagree, 7= Strongly agree)
>
> (Please cross one box for each statement)
>
> I often need help from other people but can't get it
>
> When I need someone to help me out, I can usually find someone

Further information

Melbourne Institute of Applied Economic and Social Research 2005.

Growing up in Australia: the Longitudinal Study of Australian Children (LSAC)

This paper uses unit record data from LSAC. The study is conducted in partnership between FaHCSIA, the Australian Institute of Family Studies (AIFS) and the ABS. The findings and views reported in this paper are those of the author and should not be attributed to FaHCSIA, AIFS or the ABS.

Scope

The LSAC is a national data collection, covering all states and territories, and includes children living in capital cities and those living outside capital cities. Children in some remote parts of Australia were excluded.

The study follows two cohorts of children, starting from when the children were aged 0–1 years (infant cohort) and 4–5 years (child cohort).

Sample size

The LSAC sample was made up of 5,104 children aged 0–1 years (infant cohort) and 4,976 children aged 4–5 years (child cohort) at Wave 1 in 2004.

Collection methodology

Interviewers conduct both face-to-face and telephone interviews with the study child's primary parent and face-to-face interviews with the study child. The responses are entered onto a laptop computer. In 2010 (Wave 5), the parents and study children will also do part of the interview by entering their responses using a laptop computer (known as Computer Assisted Self Interviewing). The study child's teacher, carer and other resident parent complete paper-based questionnaires. Parents who do not live with the study child are also included in the study and are interviewed by telephone.

The main interview is conducted every second year, but families are also contacted in between the main interviewing years and complete a short mail-out questionnaire.

Counting units

The LSAC reports data for children from the two cohorts in the study. Data for the full population of children aged 0–12 years cannot be produced from the study.

Survey questions

Primary carers were asked the following question about getting support or help in each of the first three waves.

> How often do you feel that you need support or help but can't get it from anyone?
> Very often
> Often
> Sometimes
> Never

Primary carers were asked the following question in Wave 1 only.

> Overall, how do you feel about the amount of support or help you get from family or friends living elsewhere?
> I get enough help
> I don't get enough help
> I don't get any help at all
> I don't need any help

Further information

AIFS 2010; Sanson et al. 2002.

ABS Family Characteristics and Transitions Survey

Scope

The ABS 2006–07 Family Characteristics and Transitions Survey (FCTS) was a national survey, conducted in urban and rural areas in all states and territories, except for very remote parts of Australia.

The survey covered people aged 15 years or over who were usual residents of private dwellings (for example, houses, flats, home units).

Sample size

The Family Characteristics component of the survey was based on a final sample of 31,300 persons and the Family Transitions component was based on a final sample of 12,200 persons.

Collection methodology

Personal interviews were conducted either by telephone or face-to-face at selected dwellings using a Computer Assisted Interviewing questionnaire.

One person aged 18 years or over, randomly selected from each participating household, provided most of the information sought. The Family Characteristics topic collected information from the randomly selected person about the household and about every person in the household, including all children in the household, while the Family Transitions topic questions were only asked in relation to the randomly selected respondent aged 18 years or over (with some subtopics having additional age restrictions).

Counting units

The ABS FCTS yields data for the following counting units:
- people of any age, including those aged 0–14 years
- families
- households.

Data for children aged 0–12 years can be produced from the survey.

Survey question

The ABS FCTS does not currently contain any survey questions related to the *family social network* Headline Indicator proposed in this paper.

Further information

ABS 2008a.

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